# Kinerja Program

## Annual Report Year 3

October 2012 to September 2013

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# Kinerja Program

Annual Report

Part A–Kinerja Program Annual Report Year 3
Part B–Kinerja Papua Expansion Annual Report Year 2

For the period from October 2012 to September 2013

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Prepared by
RTI International[1]
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194



[1] RTI International is a trade name for Research Triangle Institute.

## Kinerja Abbreviations/Terms

| | |
|---|---|
| *adat* | Traditional leaders/traditional law |
| AIDS | Acquired Immune Deficiency Syndrome |
| AJI | Alliance of Independent Journalists |
| AOR | Agreement Officer Representative |
| APBD | District Government Annual Budget *(Anggaran Pendapatan dan) Belanja Daerah*) |
| APEKSI | Indonesian Association of Municipal Governments *(Asosiasi Pemerintah Kota Seluruh Indonesia)* |
| AWP | Annual Work Plan |
| BAKD | Director General of Regional Financial Administration (*Direktorat Jenderal Bina Keuangan Daerah)* |
| BaKTI | Eastern Indonesia Knowledge Exchange or BaKTI Foundation *(Yayasan BaKTI)* |
| Bappeda | Local Government Agency for Regional Development Planning *(Badan Perencanaan Pembangunan Daerah)* |
| Bappenas | National Development Planning Agency *(Badan Perencanaan dan Pembangunan Nasional)* |
| BASIC | Better Approaches to Service Provision Through Increased Capacity |
| BEE | Business-Enabling Environment |
| BHS | Access to Basic Health Services |
| BITRA | Indonesia Foundation for Rural Development (*Bina Ketrampilan Pedesaan*) |
| BKD | District Personnel Board *(Badan Kepegawaian Daerah)* |
| BKPM | Investment Coordination Board (*Badan Koordinasi Penanaman Modal*) |
| BOK | Health Operational Grant (*Bantuan Operasional Kesehatan)* |
| BOS | School Operational Assistance *(Bantuan Operasional Sekolah)* |
| BOSDA | Local (District/Provincial) School Operational Assistance *(Bantuan Operasional Sekolah Daerah)* |
| BOSP | Educational Unit Operational Cost Analysis *(Biaya Operasional Satuan Pendidikan)* |
| BPMD | Regional Investment Board *(Badan Penanaman Modal Daerah)* |
| BPPKB | District Family Planning and Women Empowerment Body (*Badan Pemberdayaan Perempuan dan Keluarga Berencana)* |
| *Bupati* | District Head |
| CHS | Complaint Handling Survey |
| COP | Chief of Party |
| CORDIAL | Center for Indonesian Human Resource Development |
| CSI | Customer Satisfaction Index |
| CSO | Civil society organization |
| CSR | Corporate Social Responsibility |
| DBE1 | Decentralized Basic Education |
| DCOP | Deputy Chief of Party |
| DEO | District Education Officer |
| DG | Democratic Governance |
| DHO | District Health Office |
| *Dinas Kesehatan* | health line agency |
| District | In this report the term District will be used to refer to both regencies (*kabupaten*) and municipalities (*kota*) |

| | |
|---|---|
| DPKAD | District Asset and Finance Management Office (*Dinas Pengeleloaan Keuangan dan Aset Daerah*) |
| DPRD | Regional Legislative Body at either the provincial, district, or municipality level (*Dewan Perwakilan Rakyat Daerah*) |
| DSF | Decentralization Support Facility |
| EBF | Exclusive Breastfeeding |
| EDS | School Self-Evaluation (*Evaluasi Diri Sekolah*) |
| EGI | Economic Governance Index |
| EMIS | Education Management Information System |
| FGD | Focus Group Discussion |
| FIK-ORNOP | Nongovernmental Organization Information and Communication Forum Sulsel (*Forum Informasi dan Komunikasi Organisasi Non-Pemerintah Sulawesi Selatan*) |
| FIPO | Fajar Institute for Pro-Autonomy |
| FY | Fiscal Year |
| GERAK | *Gerakan Anti Korupsi, Aceh* |
| GJI | Governing Justly and Democratically |
| GOI | Government of Indonesia |
| HIV | Human immune deficiency virus |
| HO | Hinder Ordonantie (Nuisance Permit) |
| HSS | Health Systems Strengthening |
| Humas | Public Relations (*Hubungan Masyarakat*) |
| I&EBF | Immediate and Exclusive Breastfeeding |
| ICLD | International Center for Local Democracy |
| IDR | Indonesian Rupiah |
| IKM | Customer Satisfaction Index (*Indeks Kepuasan Masyarakat*) |
| IMB | Building Permit (*Izin Mendirikan Bangunan*) |
| IMPACT | Inspiration for Managing People's Action (an IO) |
| IO | Intermediary Organization |
| IR | Intermediate Results |
| ISAI | Institute for the Studies on Free Flow of Information (*Institut Studi Arus Informasi*) |
| ISO | International Organization for Standardization |
| *Jampersal* | Health insurance for maternal safe delivery *(Jaminan Persalinan*) |
| JPIP | Jawa Pos Institute for Pro-Autonomy |
| JTV | Jawa Pos Television |
| JURnal Celebes | Journalist Network for Environmental Advocacy (*Perkumpulan Perkumpulan Jurnalis Advokasi Lingkungan*) |
| *Kabupaten* | District |
| *Kecamatan* | Subdistrict |
| Kementerian PAN | Ministry for State Administrative Reform (*Keputusan Menteri Pendayagunaan Aparatur Negara*) |
| Kemitraan | Partnership for Governance Reform, Kinerja Partner Organization |
| KIA | Mother and Child Health (*Kesehatan Ibu dan Anak*) |
| KIP | Public Access to Information (*Keterbukaan Informasi Publik*) |
| KM | Knowledge Management |
| Konsil LSM | Indonesian NGO Council |
| KOPEL | *Komite Pemantau Legislatif* |
| *Kota* | Municipality |

| | |
|---|---|
| KP3M | Service Standards in the Office for Business Licensing and Investment Services (*Kantor Pelayanan Perizinan dan Pelayanan Modal*) |
| KPPOD | Indonesia Regional Autonomy Watch *(Komite Pemantauan Pelaksanaan Otonomi Daerah)* |
| KUA | Subdistrict Religious Affairs Office *(Kantor Urusan Agama)* |
| LAN | State Administration Agency (*Lembaga Administrasi Negara*) |
| LBA | Local Budget Analysis |
| LBI | Local Budget Index |
| LBS | Local Budget Study |
| LDHE | Local District Health Expert |
| LEGS | Local Economic Governance Survey |
| LGHS | Local Governance Health Specialist |
| LPA | *Lembaga Perlindungan Anak* |
| LPKIPI | Indonesian Institute for Education Innovation Training and Consulting *(Lembaga Pelatihan dan Konsultan Inovasi Pendidikan Indonesia* |
| LPKP | Institute for Community Research and Development (*Lembaga Pengkajian Kemasyarakatan dan Pembangunan)* |
| LPSS | Local Public Service Specialists |
| M&[I]E | Monitoring and [Impact] Evaluation |
| M&E | Monitoring and Evaluation |
| Madanika | Building Peace and Justice *(Membangun Perdamaian dan Keadilan)* |
| MCH | Maternal and Child Health |
| MDGs | Millennium Development Goals |
| MIP | Malaria in Pregnancy |
| MOEC | Ministry of Education and Culture |
| MOF | Ministry of Finance |
| MOH | Ministry of Health |
| MOHA | Ministry of Home Affairs |
| MORA | Ministry of Religious Affairs |
| MOU | Memorandum of Understanding |
| MSF | Multi-Stakeholder Forum |
| MSME | Micro, Small, and Medium Enterprises |
| MSS | Minimum Service Standards |
| NGO | Nongovernmental organization |
| NUPTK | Teacher Registration Number |
| OCA | Organizational Capacity Assessment |
| OSS | One-Stop Shop (services) |
| PC | Provincial Coordinator |
| *Pemekaran* | Proliferation of regions |
| PEO | Provincial Education Office |
| *Permendagri* | Ministry of Home Affairs Regulation *(Peraturan Menteri Dalam Negeri)* |
| PKBI | Indonesian Family Planning Association (*Perkumpulan Keluarga Berencana Indonesia)* |
| PKPA | Center for Child Protection and Research (*Pusat Kajian dan Perlindungan Anak*) |
| PKPM | *Pusat Kajian Pendidikan dan Masyarakat* |
| PMC | Project Management Committee |
| PMP | Performance Management Plan |

| | |
|---|---|
| PMPK | The Center for Health Service Management *(Pusat Manajemen Pelayanan Kesehatan)* |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PNC | Postnatal Care |
| POKJA | Working group |
| POPI | Provincial OSS Performance Index |
| *Posyandu* | Integrated Services Post *(Pos Pelayanan Terpadu*) |
| PP | Pontianak Post |
| PPD | Public-private dialogue |
| PPID | Local Government Public Information Official *(Pejabat Pengelola Informasi Daerah)* |
| PPLKB | Family Planning Program Controller *(Pengendali Program Lapangan Keluarga Berencana)* |
| PPMN | Indonesia Association for Media Development (*Perhimpunan Pengembangan Media Nusantara*) |
| PS | Peer Educators (*Pendidik Sebaya)* |
| PSA | Public service announcements |
| PSD | Public service delivery |
| PSS | Public Service Standards |
| PTD | Proportional Teacher Distribution |
| PUM | Directorate General for Administration in the Ministry of Home Affairs |
| PUPUK | Association for the Advancement of Small Business *(Perkumpulan Untuk Peningkatan Usaha Kecil)* (a TAF partner organization) |
| *Puskesmas* | Community Health Center *(Pusat Kesehatan Masyarakat)* |
| PWS KIA | *Pemantauan Wilayah Setempat Kesehatan Ibu dan Anak* |
| *Qanun* | Local regulations in Aceh |
| RFA | Request for application |
| RISKESDAS | National Basic Health Survey *(Riset Kesehatan Dasar)* |
| RKAS | School Development Budget (*Rencana Kerja Anggaran Sekolah*) |
| RKS | School Development Plan (*Rencana Kerja Sekolah*) |
| RPJMD | Medium-Term Development Plan *(Rencana Pembangunan Jangka Menengah Daerah)* |
| RTI | RTI International |
| SBM | School-Based Management |
| SD | Elementary School *(Sekolah Dasar)* |
| SDU | Subdistrict unit |
| Sekda | Regional Secretary *(Sekretaris Daerah)* |
| Seknas FITRA | National Secretariat of the Indonesian Forum for Budget Transparency *(Sekretariat Nasional Forum Indonesia untuk Transparansi Anggaran)* |
| SERASI | Engaging Citizens in Peace |
| SI | Social Impact, Kinerja Partner Organization |
| SIAP 2 | Strengthening Integrity and Accountability Program 2 |
| SIM-NUPTK | Management Information System for Teachers and Teaching Staff |
| SITU | Trade Location Permit (*Surat Izin Tempat Usaha*) |
| SIUP | Trade License (*Surat Izin Usaha Perdagangan*) |
| SKPD | District Technical Working Unit *(Satuan Kerja Perangkat Daerah)* |
| SMERU | SMERU Research Institute, Kinerja Partner Organization |
| SMP | Junior Secondary School *(Sekolah Menengah Pertama)* |
| SOP | Standard Operating Procedure |

| | |
|---|---|
| SOW | Scope of work |
| SPP | Public Service Standards *(Standar Pelayanan Publik)* |
| STTA | Short-Term Technical Advisor |
| SUM | Scaling Up for Most-at-Risk Populations |
| SUSENAS | National Socio-Economic Survey *(Survei Sosial Ekonomi Nasional)* |
| TAF | The Asia Foundation, Kinerja Partner Organization |
| TB | Tuberculosis |
| TBA | Traditional Birth Attendants |
| TDI | Industrial License (*Tanda Daftar Industri*) |
| TDP | Company registration license (*Tanda Daftar Perusahaan*) |
| TNA | Training Needs Assessment |
| TOR(s) | Term(s) of Reference |
| TOT | Training of Trainers |
| TP3S | Public Service Development Team for Schools (*Tim Pengembang Pelayanan Publik di Sekolah*) |
| TPS | School Development Team *(Tim Pengembang Sekolah)* |
| UGM | Gadjah Mada University, Kinerja Partner Organization *(Universitas Gadjah Mada)* |
| UGM PMPK | The Center for Health Service Management (*Pusat Manajemen Pelayanan Kesehatan*) of the Gadjah Mada University Faculty of Medicine |
| UKM | Forum of Regional, Small, and Medium Businesses (*Forum Daerah Usaha Kecil Menengah*/Forda) |
| UNAIR | Airlangga University in East Java *(Universitas Airlangga)* |
| UNCEN | Cenderawasih University |
| UNfGI | University Network for Governance Innovation |
| UNHAS | Hasanuddin University in South Sulawesi *(Universitas Hasanuddin)* |
| UNICEF | United Nations Children's Fund |
| UNSYIAH | Syiah Kuala University in Aceh *(Universitas Syiah Kuala)* |
| UNTAN | Tanjungpura University in West Kalimantan *(Universitas Tanjungpura)* |
| UP4B | Special Unit on the Acceleration of Development in Papua and West Papua |
| UPTD | Regional Technical Service Unit *(Unit Pelayanan Teknis Daerah)* |
| US | United States |
| USAID | United States Agency for International Development |
| USG | United States Government |
| *Walikota* | Municipality Head/Mayor |
| WHO | World Health Organization |
| WRI | Women's Research Institute |
| YAPIKMA | *Yayasan Pemberdayaan Intensif Kesehatan Masyarakat* |
| YAS | Prosperous Justice Foundation *(Yayasan Adil Sejahtera)* (a TAF partner organization) |
| *Yayasan BaKTI* | Eastern Indonesia Knowledge Exchange or BaKTI Foundation |
| YIPD | Local Government Innovation Foundation *(Yayasan Inovasi Pemerintahan Daerah)* |
| YKH | Hometown Foundation *(Yayasan Kampung Halaman)* |
| YKP | The Women's Health Foundation *(Yayasan Kesehatan Perempuan)* (an IO) |

**Definitions:**

**Districts:** In this document, the term "districts" refers to both *kabupaten* (districts) and *kota* (municipalities) for purposes of simplicity. The term "target districts" refers to the geographical areas that will receive technical assistance.

**HIV/AIDS:** Recognizing that there exists a variety of debate and terminology within the public health sector, the term "HIV/AIDS" is used within this document to reflect USAID terminology used in Indonesia.

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## Message from the Chief of Party

Throughout FY 2013, our program has seen a number of tremendous changes. Partner schools have implemented a stunning number of public complaint surveys in cooperation with their school committees. These surveys have provided much needed data to help guide tailored reforms at each school, and the immediate results are clear. Citizen committees supervise and monitor service delivery and citizen government partnerships are jointly working to solve complaints. Government service commitments are strengthened and not only are our partner schools quicker to take up improvements in their facilities and to address disciplinary or other management challenges, but these changes are a testament to what is possible by involving community figures in the governance of education services.

We have seen our technical assistance foster similar changes in health care in partner districts and at the *puskesmas* we support. Partnerships between traditional birth attendants and medically trained midwives are achieving encouraging results in persuading Indonesian mothers to deliver their babies in health facilities in line with national priority to reduce maternal and child mortality in the archipelago. With our assistance, partner *puskesmas* have also developed and implemented standard operating procedures that make pathways of service, as well as waiting times and costs for clinical services, much clearer for patients.

Business licensing services offered at our partner OSS offices have also seen dramatic improvements since we began to implement our technical assistance packages, with many cutting processing times in half while processing far more licenses than ever before. We believe that these changes, along with the ongoing efforts to simplify the overall licensing environment in our partner districts, help to create a commercial environment that is much more attractive to investment, entrepreneurship and further innovation. This work is incredibly important in the Indonesian context, as it strives to take advantage of its demographic advantages to further grow its impressive economy and reduce poverty by providing employment opportunities.

We are excited with the progress we have been able to achieve in collaboration with our partners this year, and we are not the only ones. Having seen concrete proof of what is possible through better governance of public services several districts have already begun to replicate a number of the initiatives we have supported. In our partner districts, local government officials are supporting our NGO partners to scale up the implementation to additional schools and clinics. Our partner schools in many cases have become models or "learning labs" where other school administrators can get helpful advice on dealing with issues of public participation, financial transparency and annual planning. The results of our work have also encouraged districts outside of the program's initial focus to request assistance in achieving the same levels of progress toward their own policy goals and national priorities.

This work has not been easy or without obstacles. Local elections and the rotation of key government staff in our partner districts have occasionally forced us to build new relationships in order to ensure progress of ongoing activities stays on track. Our NGO partners have also, at times, required more oversight and capacity-building support than we previously expected. However, in line with our program's philosophy of working through local organizations to support dedicated organizations in driving additional reforms in the future, we are eagerly working on a package of training modules designed to address a number of these capacity challenges.

As we enter the final full year of program implementation, we are optimistic about the future of public service delivery in Indonesia. We have seen that dedicated individuals can make a

difference, not only from within the government but from civil society as well. With both the public and private sectors working in tandem, impressive results not only become possible, but probable.

I hope that this report is instructive of our progress over the last year and gives you a better understanding of what we have accomplished, the lessons we have learned and how we will continue to improve the efficacy of our program for the coming year.

Sincerely,

Elke Rapp

Chief of Party, Kinerja

# Part A – Kinerja Core Program

For the Period October 2012 to September 2013

This section of the overall Kinerja Program and Papua Expansion Annual Report – Part A: Kinerja Program Annual Report – includes the progress and achievements for the four original provinces Aceh, East Java, South Sulawesi and West Kalimantan, and 20 original districts of the Kinerja program. As per USAID's request, the Papua Expansion is covered in Part B: Kinerja Papua Annual Report and it includes the province of Papua and four designated districts within the province. It covers activities carried out under the same reporting period.

## Introduction: Improving Service Delivery in Indonesia

Democratic reforms and decentralization have brought government ever closer to Indonesia's citizens. Government accountability is slowly increasing as democratic reforms allow citizens to directly elect district/municipal heads and local legislatures, and decentralization has allowed local governments a greater opportunity to tailor policy and public services to respond to local needs. Many local governments are rising to public service delivery challenges by creating innovative programs that can serve as examples of excellence for the entire nation.

The United States Agency for International Development's (USAID's) Local Governance Service Improvement (Kinerja) Program works directly with local governments to improve public service delivery by identifying, testing, and replicating innovative interventions to improve measurable performance.

The Kinerja Program was awarded as cooperative agreement No. AID-497-A-10-00003 to RTI International and its consortium of five partners: The Asia Foundation (TAF), Social Impact (SI), SMERU Research Institute, the University of Gadjah Mada (UGM), and the Partnership for Governance Reform (Kemitraan). The period of implementation of this program is September 30, 2010, through February 28, 2015. This program works in the four provinces of Aceh, West Kalimantan, South Sulawesi, and East Java. In each of these provinces, Kinerja works in four districts and one city. In March 2012, USAID awarded RTI with a program extension to include Papua. This extension focuses on Health System Strengthening in the areas of Maternal and Child Health (MCH), tuberculosis (TB), and human immunodeficiency virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).

Kinerja aims to improve the service delivery of local governments in three sectors: education, health, and the business-enabling environment (BEE). To achieve this improvement, the program works with three types of interventions in mind:

1. Incentives—Strengthen the demand side for better services;
2. Innovations—Build on existing innovative practices and support local government to test and adopt promising service delivery approaches; and
3. Replication—Expand successful innovations nationally and support Indonesian intermediary institutions to deliver and disseminate improved services to local government.

Kinerja also studies the level of impact achieved through these interventions. This includes an impact assessment to determine which interventions work, why, and how.

Kinerja seeks to apply good governance practices in public service delivery at the district and community levels. Its programs are aligned with national government priorities that all regions are required to implement and that have widespread applicability with local governments. This program seeks to support and enhance existing local government programs through a limited open menu of key sectoral interventions that form the basis for the incentives, innovations, and replication packages in Kinerja.

# 1. Executive Summary

## 1.1 Summary of Progress – Chronology of Action in FY 2013

Kinerja made great progress during its third year throughout all program activities. The following key achievements were made.

### *1.1.1 Innovation-related achievements*

Since the project began, a total of 17 **districts**[2] (including 11 in the first round of support, and an additional seven in the second round) selected **education packages**. A total of nine districts implemented SBM, three districts selected BOSP and six districts chose PTD.

Progress in **SBM** has gone particularly well, with a total of 136 schools[3] having signed service improvement pledges and 99 technical recommendations to raise issues with their technical District Education Offices (DEO) and district governments – based on the public complaint surveys they have conducted with Kinerja support – to guide further improvements as well as planning and budgeting priorities. Impressive replication of some components of the SBM could be found in several target districts, such as in Kota Bener Meriah (101 schools) and Kota Singkawang (145 schools) with the World Bank TRIMS system to improve financial management and transparency. In Kota Probolinggo, which is home to some of the model schools in the SBM program, the mayor issued a regulation to implement SBM in all schools.

A number of target districts have taken a considerable ownership of the program and have contributed significantly to the expansion and sustainability of Kinerja interventions. Following a successful mapping of school conditions and **minimum service standard** (MSS) achievement in Kinerja's 20 pilot schools, the District Education Office (DEO) of Kota Singkawang, West Kalimantan allocated funding from the 2013 local budget to disseminate and apply MSS to all 143 elementary and junior high schools in the district. The regents of Barru, South Sulawesi and Luwu Utara provided additional financial support and contracted Kinerja's Intermediary Organization (IO) to expand its analysis of **PTD** needs from an initial three sub-districts to all seven sub-districts.

The district administration of Bulukumba, South Sulawesi allocated an additional IDR 773 million in its revised district budget to cover funding shortages facing local schools that was identified through Kinerja's work on *Biaya Operasional Satuan Pendidikan* (BOSP) and for FY 2013 the district provided an additional IDR 2.3 billion to meet the BOSP financial gap. It also allocated an additional IDR 50 million to its DEO for technical training on **BOSP** to ensure the sustainability of this technical component. In Kota Banda Aceh Kinerja worked together with the DEO to develop a formula of considering poor students and small schools in the calculation.

The Kinerja **health program** covers a total of 19 districts, with six receiving support from the first round and an additional 13 districts prioritizing health interventions in the second round.

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[2] For a list of Kinerja packages based on district consultations, please refer to Annex A-4. Note that Barru has selected education packages both in Round 1&2. Therefore education packages have been selected a total of 18 times, but by only 17 districts.

[3] As of the close of FY 2013, the M&E team had evidence to support the signature of service charters at 136 partner schools. The program's technical specialists note that service charters have in fact been signed in all 180 partner schools, and further documentation of this achievement is underway.

In all these locations, Kinerja has conducted baseline surveys and helped *puskesmas* use this data to aid in management. Almost all Kinerja partner *puskesmas* are now able to conduct improved planning and budgeting, especially the effective use of health operational assistance (BOK) and Jampersal funds (the government-supported health insurance for pregnant women), apply MSS, and endorse regulations related to the Kinerja packages.

The mayor of Kota Banda Aceh signed a regulation prohibiting the provision of formula milk in the municipality's community health clinics. In Kota Makassar, one local health worker attributed the dramatic increase in **breastfeeding** rates at her post-natal counseling center to a similar regulation, supported by Kinerja partners.

The Center for Child Protection and Research (*Pusat Kajian dan Perlindungan Anak* – PKPA), Kinerja's IO in Simeulue, Aceh, has been successful in persuading partnering *puskesmas* in the district to publish the use of **BOK funds** on a publically visible bulletin board, setting a positive example for other similar health-care facilities.

In Aceh, three subdistricts in Aceh Singkil have forged partnerships between **traditional birth attendants (TBA)**, who often lack formal medical training, with trained midwives to support maternal and child health. These partnerships have not simply reduced, but rather eliminated, deliveries in which only a traditional attendant was involved, representing a significant shift in local practices and a large step toward improving maternal and child health. Kinerja has played a key role in helping district administrations to formulate mutually beneficial incentive structures to ensure the longevity and efficacy of these partnerships. Aceh Singkil now offers traditional birth attendants IDR 50,000 for each delivery they conduct with midwife supervision.

Responding to a request from the district head of Bondowoso, East Java, Kinerja launched a campaign to simultaneously combat **underage marriage** and promote **reproductive health education** in the district. Over the last year, the initial pilot project has expanded significantly to new schools, prompting other districts to request its implementation.

With the exception of Kota Makassar, where one regulation still is awaiting approval from the DPRD, relevant regulations were passed in the eight **BEE** districts to provide licensing power to One-Stop Shop (OSS) offices. Good practices have developed in a number of districts, such as Barru, where the implementation of standard operating procedures helped the OSS to register an eightfold increase in the number of licenses it issued despite operating with two fewer members of staff.

### *1.1.2 Incentive-related activities*

Kinerja's efforts to promote a **business-enabling environment** included the completion of the Provincial OSS Performance Index (POPI), which provides a comparative analysis of OSS performance and the regulatory environment in which they operate, in order to incentivize the consolidation of reform efforts and to support the further capacity building of weaker licensing offices.

**Media in Kinerja districts continue to cover PSD issues.** Kinerja interventions in education, health and BEE continue to garner broad media support in both local print and electronic media. Also non-media CSOs reported on local government performance. As of the end of quarter 3 of FY 2013, as many as 10 non-media groups had prepared articles on local government performance since the start of the fiscal year.

Kinerja finalized a training module for **public information officers (PPID)** and conducted the training in all four provinces. The program raised the awareness of local governments regarding the mandate to provide information regarding public services to the public. The district government in Luwu Utara (South Sulawesi) issued a decree to establish and formulate SOPs to handle information requests. Aceh Province has taken a lead role in disseminating the PPID to all its 23 districts and is in the process of establishing offices for PPID in several Kinerja districts. Kota Probolinggo (East Java) has already established a PPID office, which has been up and running since April 2012.

**Citizen journalists** have been trained in all four provinces to report on PSD-related issues in their neighborhoods. To further boost their technical skills and facilitate informal networks for experience sharing, Kinerja supported the Citizen Journalism Festival in Kota Makassar, South Sulawesi, which drew over 400 participants from throughout the archipelago. These large events, in combination with Kinerja's ongoing mentoring efforts, have helped citizen journalists build bridges to mainstream media outlets and raise issues related to public service delivery to a provincial and even national level. In FY 2013, there were 86 active citizen journalists from round 2, as well as 2 citizen journalists from round 1, in Kinerja districts, producing a total of 143 articles related to PSD.

**Complaint surveys** have been conducted in all 20 districts, at 180 schools and 61 *puskesmas*, involving nearly 40,000 respondents since the project began. Complaint analysis workshops have received strong support from DEOs and local legislators, as well as from school principals and school committees. Several schools have been exceptionally responsive to complaint survey findings, even before discussions on service charters got underway. As a result, partner schools have been able to revitalize first-aid programs at their schools, and have been able to raise additional financial support from the community and the private sector.

Seminars, focus group discussions (FGDs), workshops, personal approaches and training have helped to establish or strengthen **MSFs** at the service delivery unit and district level. These MSFs have been crucial in formulating the results of the complaint surveys into service improvement charters to address issues at the schools and *puskesmas* and in drafting technical recommendations for follow-up on higher level issues with the relevant district offices. As of the end of FY 2013, a total of 183 Kinerja-supported SDUs have signed service charters since the beginning of the project, and a total of 128 technical recommendations been adopted by district administrators.

### *1.1.3 Replication-related activities*

Throughout FY 2013, Kinerja continued to support replication activities through its support for the Jawa Pos Institute for Pro-Autonomy (JPIP), Fajar Institute for Pro-Autonomy (FIPO) and Pontianak Post (PP) Pro-Autonomy Awards, which have provided the basis for wide recognition of good practices in the respective provinces and throughout the country.

An MOU was signed between JPIP, PP and the provincial government of West Kalimantan on Feb. 20, 2013, setting the stage and provided the necessary official backing for a Pro-Autonomy Award Program in the province. USAID approved a follow-on grant on May 6, 2013, to support the Autonomy Awards ceremonies, the seminars and the knowledge management center for all three partners. PP and JPIP formed a special team to plan the research activities for the award program in West Kalimantan, and involved various universities in Pontianak. The first Pro Autonomy Ceremony in West Kalimantan will take place in the first quarter of Year 2014

UGM continued to strengthen its university network (UNfGI) throughout FY 2013. Having launched an interactive database of good practices in FY 2012, where its partner universities, researchers, and students can catalog good service delivery practices related to Kinerja interventions. This online resource now contains some 89 good practices[4]. Building on its initial success, UGM facilitated a second iteration of its collaborative research and writing contest. In March 2013, a total of 28 good practices were selected for further research out of 130 submissions, and the final research reports are currently being completed. UGM continued to develop policy briefs based on the implementation of Kinerja interventions, and a total of 20 are now available on the UNfGI website. These policy briefs have also been shared with a number of national government partners to highlight practical steps for the adoption of good practices at the local and national level.

In February 2013, Kinerja prepared its replication strategy. This strategy focused on strengthening the role of the provinces in the replication of good practices. Kinerja experimented with possibilities to **strengthen the role of the provinces,** such as establishing technical forums, e.g. provincial OSS forums; supporting provincial campaigns, e.g., IBF and PTD in West Kalimantan; and adding value to the initiatives of provincial governments, such as the complaint survey in South Sulawesi, and PPID efforts in Aceh, or the assessment of the role of the province in application of service standards. In July USAID conducted an RIG Audit and provided the project with a new focus to reduce its replication efforts to outside districts by half, i.e. to a total of 10 health and education districts and to 15 BEE districts, and focus on further consolidation of programs already started in the Kinerja treatment districts. As a result of the RIG Audit and its preliminary findings, Kinerja will refocus its efforts toward the consolidation of round 1&2 grants and to scaling up interventions within Kinerja partner districts.

### *1.1.4 Major implementation issues/constraints*

Following its philosophy to work through local organizations and in this way ensure sustainability, Kinerja had a total of 26 ongoing second-round grants, as of the end of July 2013. During the program implementation it became apparent that local IO partners needed continued capacity building (both technical as well as administrative/financial) and intensive hands-on support by the Kinerja team while the second round of grants was already underway. In the coming fiscal year, Kinerja will address these capacity issues through a series of trainings based on modules designed to enhance local organizations' financial, administrative and programmatic capabilities.

### *1.1.5 Kinerja M&E-related achievements*

M&E activities for Year 3 included the conduct of the Mid-Term Evaluation, which measured the performance of the program against its goals in the Performance Management Plan (PMP). The final report was submitted to USAID on June 8.

At USAID's request, Social Impact (SI) completed an additional impact assessment of the Kinerja School-Based Management (SBM) package in two Kinerja districts: Kota Probolinggo (East Java) and Melawi (West Kalimantan). While the Mid-Term Evaluation reviewed the process of program implementation and progress towards program targets, the impact assessment considered the potential of SBM to produce impact in subsequent years. The

[4] As of July 10, 2013

systematic, qualitative assessment integrated existing program data and documents with new primary data. The findings of the assessment were submitted to USAID on June 8.

The M&E team also worked to strengthen Kinerja's technical staff and its IOs' ability to utilize the online system for timely reporting. Kinerja also conducted ongoing monitoring and reporting, as well as primary quantitative and qualitative data collection related to Kinerja interventions. All LPSS, PCs and IOs in each Kinerja province participated in workshops held in May 2013. This includes 24 Kinerja staff (LPSS and PCs) and two representatives from each IO.

As of the end of September 2013, Kinerja had supported (either directly, or through its IOs) a total of 1,431 activities, which involved a total of 43,333 participants, including 22,311 women.

| Location | Implementing Organization | Male participants | Female participants | # of Activities |
|---|---|---|---|---|
| **Aceh** | | **7,364** | **8,381** | **376** |
| | Kinerja | 2,616 | 3,779 | 69 |
| | IOs | 4,748 | 4,602 | 307 |
| **East Java** | | **4,607** | **7,783** | **299** |
| | Kinerja | 2,037 | 2,847 | 106 |
| | IOs | 2,570 | 4,936 | 193 |
| **Jakarta** | | **279** | **238** | **23** |
| | Kinerja | 279 | 238 | 23 |
| **South Sulawesi** | | **7,197** | **4,956** | **607** |
| | Kinerja | 4,373 | 3,563 | 270 |
| | IOs | 2,824 | 1,393 | 337 |
| **West Kalimantan** | | **1,575** | **953** | **126** |
| | Kinerja | 487 | 183 | 42 |
| | IOs | 1,088 | 770 | 84 |
| **Sub Total** | | **21,022** | **22,311** | **1,431** |
| | **Grand Total** | **43,333** | | **1,431** |

A total of 39 new regulations (*perda* and SK) were passed during FY 2013 as a result of Kinerja advice, guidance or advocacy efforts to improve public services. These regulations are related to BEE (15 regulations), health (10), education (7), and governance (7) for details please refer to Annex A-3.

# 2. Incentives and Innovations

## 2.1 Summary of Progress in Education Governance

Kinerja's work in education governance consists of three packages: Educational unit cost analysis (*biaya operasional satuan pendidikan* - BOSP), proportional teacher distribution (PTD), and school-based management (SBM). These three interventions were chosen because they are recognized by Indonesia's Ministry of Education and Culture (MOEC) and local governments as areas in critical need of improvement within basic education.

In round 1, Kinerja provided assistance to a total of 11 districts: BOSP (2), PTD (3), and SBM (6). Kinerja worked in Aceh (Aceh Tenggara and Simeulue[5]), East Java (Jember and Kota Probolinggo), South Sulawesi (Bulukumba, Barru, Luwu and Luwu Utara) and in West Kalimantan (Bengkayang, Sekadau and Melawi). With the exception of Simeulue, the implementation of these programs in these districts has been covered in the previous annual report.

In round 2, Kinerja provided the same assistance in a total of additional seven districts: BOSP (1), PTD (3), and SBM (3). These packages have been implemented in four provinces: Aceh (Aceh Singkil, Bener Meriah and Kota Banda Aceh), East Java (Bondowoso), South Sulawesi (Barru) and West Kalimantan (Kota Singkawang and Sambas).

In 2013, Kinerja also assisted round-1 districts to integrate BOSP, PTD, and SBM programs into planning, budgeting and program implementation, whereas its efforts in round-2 districts began from the basic stages of introducing programs, conducting workshops and providing training and on-the-job mentoring.

Kinerja's intermediary organizations (IOs) in education conducted a total of 177 activities throughout the year, involving 4,714 participants of which 1,544 were women.

Overall progress of district-level education programs in FY 2013 remained positive, with the successful completion of BOSP analysis and revised budget allocation proposals, the analysis of imbalances in teacher allocations, and the implementation of complaint surveys, service charters, financial transparency and improved planning and budgeting in schools .

Similar to Kinerja's work in health, the MTE and RIG audit found that although progress remained positive, more could be done to consolidate gains from round 1 and to strengthen the oversight and management roles of the District Education Office (DEO). In the coming fiscal year, Kinerja will continue to provide targeted support to round-1 districts (Kota Probolinggo, Jember, Bengkayang, Melawi, and Sekadau) through short-term consultants and will extend the current grants for IOs working in three round-2 districts (Bener Meriah, Kota Singkawang, and Barru) to see the implementation of education packages through to a point of considerable consolidation and district wide implementation. Kinerja also worked to develop IO capacity through training and the development of series of modules in order to address institutional weaknesses that had some impact on program implementation, and will continue to do so in the coming year.

[5] Kinerja's activities in Simeulue were planned in round-1 but were delayed because of frequent changes of staff in the DEO, as well as in other members of the local government

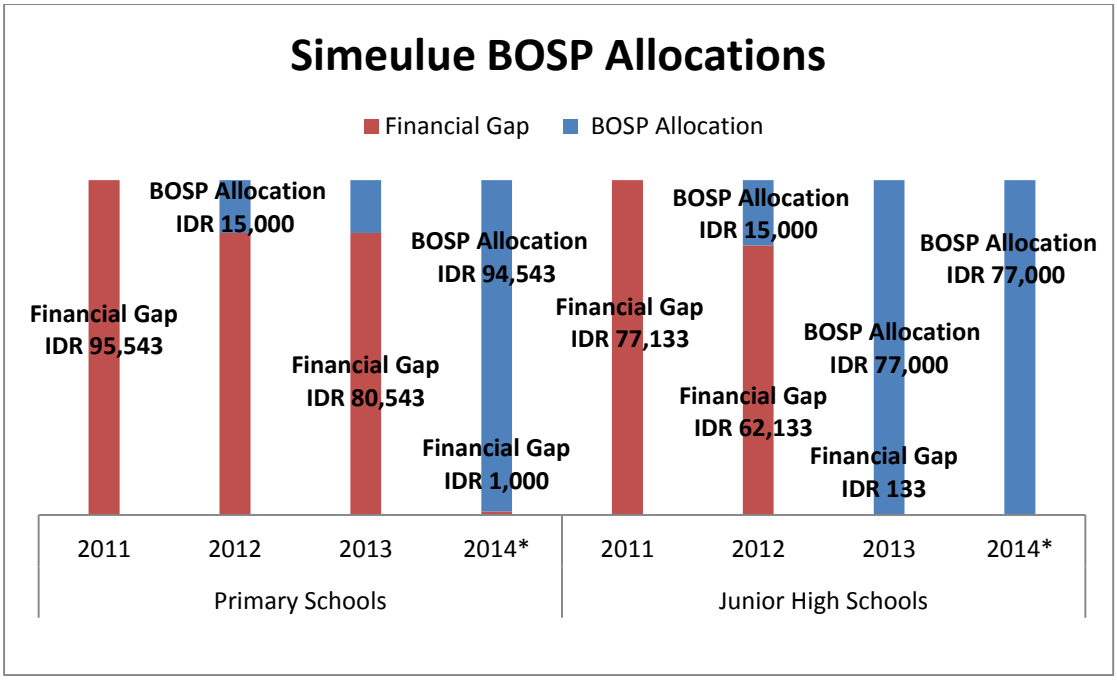
This education section describes the implementation of the three programs throughout FY 2013, including achievements made in round-2 districts, and any achievements from round-1 districts that were not covered in previous reports.

### *2.1.1 Educational Unit Operational Cost Analysis (Biaya Operasional Satuan Pendidikan – BOSP)*

Kinerja worked with three partner districts to calculate the financial gaps between annual central government funding and the operational expenditures required to meet nationally mandated minimum service standards (MSS) through a package known as BOSP. Recommendations to address any financial shortages discovered as a result of careful analysis were made jointly by the District Technical Working Unit, the Revenue and Finance Offices, the Agency for Regional Development Planning (BAPPEDA) and related stakeholders to offer alternatives from the district or provincial budgets.

In addition to last year's success of Bulukumba in implementing the BOSP program, as reported in the previous annual report, Kinerja and its IO LSM GERAK facilitated the application of BOSP in Kota Banda Aceh and Simeulue. It worked with the respective DEOs and other stakeholders to calculate costs for partner schools in the districts, and the two districts have issued regulations and technical guidelines with participation of MSF to ensure that BOSP is implemented.

With Kinerja support, Simeulue found that the annual per student operational costs for its primary schools stood at IDR 675,543 and for junior high schools, at IDR 787,133. As central government funding, through BOS program, only came to IDR 580,000 per student for primary schools and IDR 710,000 per student for junior high schools, a resulting gap emerged of IDR 95,543 per student for primary schools and IDR 77,133 per student for junior high schools. In FY 2012, although Simeulue had yet to issue a formal regulation on BOSP, the local government began distributing an additional IDR 15,000 per student in a preliminary step toward addressing the financial gap Kinerja's analysis revealed. In FY 2013, the local government increased the allocation of funds to IDR 77,000 for junior secondary schools to meet the gap. The DEO of Simeulue has submitted a proposal to earmark additional IDR 79,543 per student per year in FY 2014 to address the remaining shortages facing its primary schools.




Kota Banda Aceh actually distributed additional funds for primary and junior high schools prior to Kinerja support. In 2012, it provided IDR 2.745 billion to cover the gap between national funding and local operational needs. However, unlike in Bulukumba, district officials requested technical support to account for the size of schools and the number of students from poor families in a revised BOSP formula. Kinerja supported the development of a revised formula, and drafts of both the governing regulation and its implementing guidelines are currently awaiting the district head's signature for use in the upcoming fiscal year. This revised formula was also developed for use in Simeulue.

Applying BOSP goes beyond the pure calculation of the financial gap. It needs to introduce new concepts and orient policymakers and school management regarding minimum service standards. When the calculation is accomplished, the amount of available district budget funds to meet the school financial gap is often limited. Simeulue, where the district administration has taken three years to address the gap, is a good example. That is why the implementation of BOSP is varied among partner districts. The more understanding the districts have, the easier and faster the calculation, and the more funds the districts have, the faster the gap is addressed.

In sum, Kinerja has made significant achievements through the BOSP program, as indicated by policies and regulations that have been put in place in its three partner districts. However, to ensure that the districts fully implement the program – allocating funds to schools and meet the financial gap – Kinerja will continue providing support during the next year. To do this, Kinerja will mobilize a short-term consultant for Bulukumba and extend the current grant for IO Gerak in Kota Banda Aceh and Simeulue. On the technical side, the focus of support will be on establishing implementation guidelines and action plans, whereas on the civil society side, priority will be placed on working with the MSF on district level to lobby for the closing of the funding gap.

### 2.1.2 Proportional Teacher Distribution (PTD)

Through the PTD package, Kinerja assists DEOs to review and analyze relevant district education data in order to address potential imbalances in the distribution of teachers. Kinerja aims to create an environment in which the DEO collaborates with relevant stakeholders in the administration and in civil society through the MSF to implement incentive strategies to encourage teachers to work in remote or otherwise underserved areas.

Since Kinerja began, PTD has been supported in a total of six districts: Luwu Utara, Luwu, and Barru in FY 2012; and Aceh Singkil, Bondowoso and Sambas in FY 2013.

As reported last year, due to the strong commitment of the district head and other decision-makers in Luwu Utara, progress was very fast. A policy framework was developed and a regulation was issued with high levels of participation from civil society. The district has developed a detailed plan to reassign 129 teachers, which is scheduled to take place in the early months of FY 2014. The first-round districts of Luwu and Barru issued regulations in FY 2013, having finally overcome a number of procedural delays. Interestingly both Luwu Utara and Barru have employed Kinerja IO LPKIPI with their own funding to enlarge the originally planned pilot distribution of teachers from three subdistricts to cover the whole district.

In FY 2013, as Aceh Singkil was the only of the three round-2 districts supported to have successfully signed a regulation. Bondowoso required more time than expected to validate and reconcile teacher data from two sources, the DEO and the District Civil Servant Agency (*Badan Kepegawaian Daerah*). Sambas found that data derived from DAPODIK (a national wide database system managed by MOEC) did not always match to real data at schools, requiring the team to spend additional time on data reconciliation. However, despite these delays, policies have been formulated and regulations are awaiting signature in Bondowoso and Sambas, and are expected to be put into place in the early months of FY 2014.

Following the audit findings, Kinerja will provide a short-term consultant each for Luwu Utara and Barru and will extend the current grants for IOs currently working in Aceh Singkil, Bondowoso, and Sambas. In addition, Kinerja will facilitate non-partner districts that interested in replicating Kinerja BOSP good practices.

Over the last two years of implementation, Kinerja has learned technical and non-technical issues make PTD more complex than previously assumed. From technical side, valid and updated teacher data was more difficult to obtain than previously thought. In many Kinerja partner districts like Bondowoso and Sambas, technical teams struggled for a considerable amount of time to get valid and up-to-date teacher data, which is crucial to avoid errors in the teacher distribution plan and its implementation. While calculating classroom teacher distribution for primary school is relatively easy, the calculations for subject-specific teachers in junior high schools are significantly more complex. Non-technical issues have also made the implementation of teacher distribution difficult as it involves political, social, and economic considerations not only for the district government but also for the teachers involved. In some cases, there has been strong resistance from teachers who were slated for relocation to other schools. As such, the DEOs must pay careful attention to the implementation of this program, and the incentives they can provide in order to minimize friction.

### 2.1.3 School-Based Management (SBM)

Kinerja's SBM package supports participative, transparent, and accountable processes in school governance. It includes (1) the introduction of education service standards; (2) a

community complaint index and school self-evaluation; (3) the participatory preparation of school plans and budgets involving school principals, teachers, school committees, and community leaders; (4) the transparent and accountable application of these school plans and budgets; (5) the strengthening of the school committee to oversee the implementation of the school plans; and (6) the strengthening of the school committees to conduct advocacy where service charter implementation is lacking.

In addition to six partner districts that implemented SBM in round 1, Kinerja assisted three additional partner districts during FY 2013, namely Barru, Bener Meriah and Kota Singkawang.

As in round 1, Kinerja's partner schools in round 2 were selected by the DEO and comprised schools of various levels of performance. These schools were also located in urban, suburban and remote rural settings, making implementation challenging at times. However, progress was positive despite these challenges and a number of key achievements can be seen below.

Progress in round-2 schools proceeded at various paces of implementation based on differences in local capacity and commitment. In Barru and Bener Meriah, all SBM-supported schools have conducted complaint surveys and have already integrated the results of the complaint survey into their planning documents, based on education MSS. Service charters with schools and recommendation letters with the SKPD have been signed. In Kota Singkawang all partner schools have conducted complaint surveys and about 75% schools have already integrated the results of the complaint survey in their planning documents. For schools all over the country, the use of public complaint surveys is a novel concept. Kinerja's 180 partner schools have shown that these surveys constitute an important and useful tool in improving their ability to deliver high-quality education services. Most partner schools have been very responsive to the results of the complaint survey, and in a large portion of partner schools, several activities were taken up even before the service charters were even signed, such as cleaning the school toilets, paving school yards and building fences around the school.

The previously muddy school yard of SMPN 7 in Kota Singkawang, West Kalimantan is paved over as part of the school's response to community complaints.

To help encourage the adoption of the SBM package, Kinerja supported a number of study tours throughout FY 2013, bringing staff from partner schools to highlight areas such as Probolinggo and Jember which made dramatic improvements during the first round of support. The study tours provided impressive testimony on the changes that can be achieved through the SBM program and encouraged the visiting districts to implement them in their districts. Having returned from a study tour, one participant from Bener Meriah said, "What was really impressive was not the fact that their schools were clean, that they had nice gardens, or great facilities, but that all of these things were evidence that their community cared and was involved."

The SBM package has increased the awareness and understanding of school committee members about issues related to school budgets and the process used to develop annual plans and budgets. A total of 87 Kinerja-supported schools developed mid-term School Work Plans *(Rencana Kerja Sekolah)* based on data from the School Self-Evaluation *(Evaluasi Diri Sekolah)* and complaint survey, including 75 schools from round 1 and 12 schools from round 2. Closely related, has been the impact Kinerja's approach to SBM has had on transparency

and accountability. In FY 2013, a total of 86 partner schools have prepared annual budgets, 81 of which have published them publically in order to increase transparency and accountability.

Kinerja's partner schools in Bener Meriah have enthusiastically adopted the World Bank's TRIMS software to assist with the development of annual plans, on the basis of their achievement of MSS and community input. Ibu Ratna of SD Negeri 2 Gegerung in Bener Meriah said, "TRIMS is an important, integrated part of the SBM package, because we can use accurate data to address the problems identified in the questionnaire and service charters." As noted later in this report, the administration of Bener Meriah allocated IDR 780 million in its 2013 district budget (APBD) for the application of MSS in Kinerja's 20 partner schools and for training on the use of the World Bank's TRIMS application for 101 non-supported schools. Kota Singkawang provided similar support for a total of 145 schools to learn and apply the TRIMS system.

The principal of elementary school SDI 20 Lompengeng in Barru, South Sulawesi poses in front of a bulletin board displaying information from the TRIMS tool, which aims to improve financial planning and management in education.

### *2.1.4 Multi-Stakeholder Forums (MSFs)*

Kinerja, in providing technical assistance to its partner districts, has encouraged the creation of good governance by supporting a balance of roles and functions between service providers and service users.

To that end, Kinerja worked to develop or further strengthen MSFs in round 2 in the field of education, both at the district and school levels.

In round 2, education MSFs have been developed in partner districts in Aceh, which consist of education-focused MSFs regarding BOSP in Kota Banda Aceh, related to PTD in Aceh Singkil, and related to SBM in Bener Meriah. An MSF was established in Barru to focus on SBM. Efforts in West Kalimantan (Sambas) and East Java (Bondowoso) have not focused on creating new MSFs as such, but have involved related stakeholders, including the Education Council, because NGO partners' mandates did not originally cover this area.

The MSF in Kota Banda Aceh has already played an active role in the establishment of the BOSP formula and its implementing regulations. The district-level MSF in Aceh Singkil has played a very active role and has high levels of initiative in encouraging and advocating for the PTD program, and related regulations. The MSFs in Bener Meriah at both the school and district levels have also played an active role in the drafting of annual work plans, implementation of complaint surveys and the signing of service charters and technical recommendations. In Kota Singkawang, which also selected SBM in round 2, a broad variety of private and public sector stakeholders have been integrated into a comprehensive, multi-issue MSF that, despite lacking formal institutional status, has played a very active role in similar activities to its counterpart bodies in other districts.

**Complaint Surveys**

During FY 2013, complaint surveys in education were implemented in round-2 districts Bener Meriah, Kota Singkawang and Barru. Complaint surveys were also conducted in Aceh Tenggara, which was originally scheduled for the previous year, but was delayed until FY

2013. The surveys gathered input from more than 3,000 respondents in each district, including students and their parents, for a total of 13,114 respondents.

A total of 136 service charters were signed to address complaint survey findings during the fiscal year, with 80 of those coming from round-1 districts and a total of 56 coming from round-2 districts. Technical recommendations were signed by 60 round-1 schools, and 39 round 2 schools this year in order to raise issues with their respective DEOs and district governments that were identified in the complaint surveys.

**SMPN 1 Belimbing in Melawi, West Kalimantan receives public support to improve its learning environment as reward for enhanced accountability.**

One of the biggest challenges for schools in Indonesia as they strive to meet national service standards lies in the availability of adequate resources. Although the national government provides some funds to support the schools' daily operation, the budget is often inadequate and a lack of public trust often limits schools' abilities to raise additional funds from parents and community donations.

However, one school in Melawi, West Kalimantan has demonstrated that increased transparency and accountability opens doors for new funding opportunities from the community and the private sector.

With support from USAID's Kinerja program, junior high school SMPN 1 Belimbing has undertaken a broad range of reforms designed to strengthen its cooperation with the community by boosting public participation in key planning and budgeting processes.

Starting in 2011, the school conducted an evaluation of its ability to meet nationally mandated service standards, and identified critical areas in need of further attention, such as teacher and student discipline and financial management under Kinerja's school-based management component.

Kinerja and its local partner, the Institute for Society and Development Studies (*Lembaga Pengkajian Kemasyarakatan dan Pembangunan* – LPKP), helped the school facilitate discussions with parents, the school committee, community leaders and representatives from area businesses in order to develop a transparent annual budget.

This process not only raised community awareness of the financial difficulties facing the school, but also promoted a sense of ownership of budget they had drafted together. As a result, the school was then able to raise an additional IDR 125 million in donations from parents, community members and local businesses in order to improve the school's facilities and provide extra lessons.

The principal of SMPN 1 Belimbing, Theresia Idayani, feels optimistic about the long-term benefits of the school-based management program. "School-based management will boost the schools' power to improve their services and will help them and the community to build a common understanding on the expected education quality," she said.

### *2.1.5 Challenges and Plans for FY 2014*

Kinerja encountered several challenges in the implementation of its education programming. First, school stakeholders (mainly school committee members) and facilitators have different levels of skill and ability, thus their ability is varied in understanding governance concepts and

in implementing related activities to address issues derived from complaint surveys. Second, the limited numbers of school staff (especially primary schools) who can consistently take part in the program requires careful consideration in terms of designing activity schedules. Third, high turnover among DEO personnel makes the implementation of policies inconsistent and often requires additional coordination and attention to ensure positive relationships, nevertheless working relationship with district-level policymakers, especially with those in the DEOs, need to be strong to promote further consolidation and enhanced sustainability.

Activities within the education sector for FY 2014 will include refresher trainings on SBM for existing partner schools, continued technical support for the drafting of necessary local regulations on PTD and BOSP, and ongoing mentoring support to ensure that implementation plans are drafted and carried out as effectively as possible by SDU and district government actors. With this final full year of direct support for the education sector, schools and their related MSFs are expected to be able to conduct public complaint surveys, draft service improvement charters and take up any remaining material or policy needs with DEO authorities. District officials, on the other hand, are expected to develop stronger links with SDUs and to enhance their policy drafting and implementation capability through Kinerja support.

## 2.2 Summary of Progress in Health Governance

Kinerja's health program continued to primarily focus on improving maternal and child health (MCH) by supporting improvements in local policies and their implementation related to *puskesmas* management, the promotion of the safe delivery and immediate and exclusive breastfeeding (I&EBF) and the engagement of civil society in providing greater accountability and oversight.

These activities were designed to support both local and national priorities in improving service delivery – through Standard Operating Procedures (SOPs), improved information management and innovative partnerships between midwives and traditional birth attendants (TBA) – while also enhancing the transparency of public finances and ensuring health-care services are responsive to public demands through complaint surveys and service charters.

The Kinerja **health program** covers a total of 19 districts, with six receiving support from the first round and an additional 13 districts prioritizing health interventions in the second round. In all these locations, Kinerja has conducted baseline surveys and helped *puskesmas* use this data to aid in management. Almost all Kinerja partner *puskesmas* are now able to conduct improved planning and budgeting, especially the effective use of health operational assistance (BOK) and Jampersal funds (the government-supported health insurance for pregnant women), apply MSS, and endorse regulations related to the Kinerja packages.

In round 1, Kinerja provided assistance to a total of six districts: Sambas and Kota Singkawang in West Kalimantan; Aceh Singkil, Bener Meriah and Kota Banda Aceh in Aceh; and Bondowoso in East Java.

In round 2, Kinerja provided the same assistance in a total of 13 additional districts: Bengkayang, Sekadau and Melawi in West Kalimantan; Bulukumba, Luwu, Luwu Utara and Kota Makassar in South Sulawesi; Aceh Tenggara and Simeulue in Aceh; and Jember, Tulungagung, Probolinggo and Kota Probolinggo in East Java.

Following the conclusion of grants for the six first-round districts in health, a total of seven IOs were recruited to implement the Kinerja approach in the 13 districts which selected health as a

round 2 priority. Based on data submitted by these IOs, they supported 39 *puskesmas* and conducted a total of 411 activities involving 15,829 individuals, including 9,577 women, throughout the fiscal year.

In FY 2013, progress toward overall goals remained positive. Ten out of the 13 districts in round 2 signed new regulations in support of safe delivery and I&EBF and the remaining districts are expected to issue those regulations by beginning of 2014. Five of those regulations were signed in the fourth quarter of the year (Q4). Thirty partner *puskesmas* receiving second-round support collaborated with their respective MSFs to develop informative posters or other materials on the pathways of service during this fiscal year.

To help reduce risks for mothers and their babies during childbirth, partnerships between traditional birth attendants (TBAs) and medically trained midwives were signed in 11 out of the 39 *puskesmas* supported this fiscal year.

This year, supported districts have worked with Kinerja IOs and replicated (scaled-up) to additional *puskesmas* beyond those initially supported by the project with their own district funds. For example, the district administration of Sambas contracted Kinerja IO Indonesian Family Planning Association (PKBI) in FY 2013 to support seven additional *puskesmas*.

This health section describes the implementation of the Kinerja Health Program throughout FY 2013, including achievements made in round-2 districts, and any achievements from round-1 districts that were not covered in previous reports.

### *2.2.1 Local Regulations and Policies*

District head regulations aim to ensure the sustainability of Kinerja's reform packages and to facilitate their implementation in the field, especially in terms of the program's work on Maternal and Child Health (MCH) issues.

In addition to strengthening the regulatory environment and enhancing the government mandate to deliver services, these regulations are expected to drive districts to maintain budget support for governance aspects such as improving MSF monitoring and the implementation of complaint surveys.

Ten districts, including three from round 1 and seven from round 2, signed regulations in FY 2013 to improve safe delivery and I&EBF. Although delays have been encountered in a number of round 2 districts, the remaining six regulations are expected to be signed in the early months of FY 2014. The regulations were established with high levels of citizen participation, through which the program aimed to increase public by-in and interest in overseeing their implementation. These policy achievements are reflected under **indicator 5** in the M&E performance monitoring plan (PMP).

The District Health Office (DHO) is primarily responsible for overseeing the implementation of the regulations, including their integration into planning and budgeting processes, their incorporation into monitoring and evaluation mechanisms and their on-the-ground implementation at the service delivery unit (SDU) level. Kinerja's intervention thus far has largely been success in supporting SDUs to improve the quality of health services offered, in large part because of improved engagement among SDUs and communities. Kinerja plans to further integrate DHO staff into its programming in FY 2014, in order to address the concerns raised in both the MTE and the OIG audit, as well as to support further consolidation of implementation in both round 1 and round 2 districts.

**Puskesmas Beji in Tulungagung cancels contract with formula milk company**

The use of formula milk has risen rapidly in Indonesia over recent years, due in large part to aggressive marketing strategies and a growing middle class. However, with Kinerja support, Puskesmas Beji has taken a bold step toward reverse that trend.

In May 2013, Puskesmas Beji in Tulungagung, East Java ended its cooperation with a formula milk company in favor of providing full support of exclusive breastfeeding.

The bold decision, taken by the head of the *puskesmas*, brought the community clinic in line with demands from the multi-stakeholder forum and also coincided with the signature of a new district regulation that prohibited the distribution of formula milk at public health facilities.

The effects of this decision have been dramatic. Between May and July, Puskesmas Beji saw the percentage of mothers using exclusive breastfeeding rise from 54.65% to 87.5%.

Local media, including radio stations Perkasa FM, LIUR FM and Kembang Sore FM, have covered the story, and in doing so have also helped to raise awareness of the importance of breastfeeding and to draw attention to positive policy decisions.

### *2.2.2 Puskesmas Management*

In addition to improving the regulatory environment in health care, Kinerja continued to focus on strengthening *puskesmas* management throughout FY 2013. Technical assistance focused on increasing public participation in budget planning and management, improving clarity in pathways of service, the drafting and implementation of SOPs, utilizing information management systems, the fostering of traditional birth attendant (TBA)-midwife partnerships and strengthening complaint handling mechanisms.

Transparency – openness about policy intentions, formulation and implementation – is a key element of good governance. During FY 2013, Kinerja IOs conducted focus group discussions with all *puskesmas* staff and delivered training workshops on developing more transparent and participatory work plans and budgets, especially related to the use of the nationally administered Health Operational Fund (*Biaya Operasional Kesehatan* – BOK).

At the outset of round 2, only a small number of DHO and *puskesmas* staff were aware of how BOK funds were spent, and opening access to this information was difficult for most Kinerja IOs. While nearly all partner *puskesmas* have been able to increase public participation in BOK budgeting, achieving transparent oversight of actual BOK expenditures has proven difficult. IO partners were successful in persuading a total of six *puskesmas* in Simeulue and Aceh Tenggara to post information related to budgeted BOK funds and their use on publically available bulletin boards.

Many *puskesmas* have improved their planning process. Before Kinerja, work plans and budgets were drafted based on staff perceptions, but now planning is more objective and effective having considered the evidence and health status of the surrounding communities. This has been a major achievement of Kinerja's cross-cutting work to support the inclusion of minimum service standards (MSS) in planning and budgeting processes, as described later in this report.

In addition to improving openness and transparency on the use of budget resources, 30 of Kinerja's partner *puskesmas* in 10 districts receiving second-round support collaborated with their respective MSFs to develop informative posters or other materials on the pathways of service. These posters were posted in the reception areas of each *puskesmas*, or in other highly-visible areas, to help clarify which services are available for patients, as well as service delivery schedules, waiting times and standard service costs.

At the outset of FY 2013, Kinerja planned to support the adaptation of three national technical SOPs – namely those on pre-natal, safe delivery and post-natal care – for use at the individual *puskesmas* level. These tailored SOPs aimed to achieve significant improvements in delivering MCH services at the community level. A mid-year strategy change saw Kinerja refocus its efforts on the broader adoption of SOPs to improve public service delivery. Therefore, the monitoring and evaluation data for the SDU level shows nine *puskesmas* adopted SOPs during the fiscal year. Program staff have indications of additional achievements and efforts to obtain documented proof are still ongoing.

The deputy mayor of Kota Banda Aceh oversees the signing of service charters by the heads of *puskesmas*.

Kinerja's technical assistance for drafting and implementing SOPs at the *puskesmas* level often involved collaboration with the local DHO, and in some cases, such as Simeulue, Bener Meriah, Aceh Singkil and Luwu Utara, that collaboration included financial support in the form of cost share. In addition to providing additional clarity and efficiency for patients, these SOPs have had a positive impact for health-care providers as well. Anecdotally, *puskesmas* staff told Kinerja and its IOs that the SOPs make them feel more protected, safe and professional in the conduct of their daily tasks. In FY 2014, Kinerja feels further activities to monitor and evaluate the implementation of SOPs is an opportune area to foster greater DHO involvement.

Kinerja IOs also supported partner *puskesmas* to revitalize the use of the *kantong persalinan* (delivery pocket) system – a rudimentary information management system that files the pre-natal examination records of expecting mothers by the month of their due dates. By supporting the revitalization of this practice, *puskesmas* are better able to plan for upcoming needs and anticipate potentially risky deliveries, by ensuring qualified midwives are on call. Partnering *puskesmas* in Simeulue and Aceh Tenggara have begun to use this system once again, and health centers in Kota Singkawang have extended the use of this system to cover post-natal checkups and I&EBF as well.

To help further reduce risks for mothers and their babies during childbirth, partnerships between TBAs and medically trained midwives were signed in 11 *puskesmas* supported this fiscal year. Four of those partnerships were forged in Q4 of FY 2013. The objective of TBA-midwife partnerships is to decrease maternal mortality rates through safe delivery with skilled attendants. These partnerships pair up the medical knowledge of trained midwives and the community connections of TBAs to play to their strengths and mitigate their weaknesses. Most partnerships stipulate a shift in the role of TBAs away from clinical procedures to supporting the non-medical aspects of delivery, such as providing massages, prayer services and liaising with family members.

Staff from Puskesmas Singkawang Selatan (*left*) share a happy moment with a young female citizen journalist and her family a number of months after the delivery of her youngest child. Partnerships between traditional birth attendants and medically trained midwifes are helping to reduce risks for mothers and their newborns with Kinerja's support.

These partnerships have been attempted before at several *puskesmas*, but a lack of community connections and unattractive incentive structures have kept them from reaching their full potential for impact. Kinerja's focus on governance and its connection to a broad base of community stakeholders through MSFs, as well as its technical advice on more suitable incentives for TBAs have been a key factor in reinvigorating a previously unsuccessful program.

Important achievements have been noted in FY 2013 related to improvements in the responsiveness of public health services. As described in more detail in the following section on MSFs, complaint surveys were conducted for all 39 *puskesmas* supported during round 2, involving some 4,500 respondents. A total of 47 *puskesmas* signed service charters to address those complaints during the fiscal year, including 17 from round 1 and 30 from round 2. The remaining nine from round 2 are expected to sign their service charters in early FY 2014. Based on input from the public, Kinerja-supported *puskesmas* have made significant upgrades in their facilities, their operations, and some in Luwu Utara and Sambas have even purchased ambulances to address barriers to care at their facilities.

Partner *puskesmas* also forwarded 29 technical recommendations to their respective DHOs (16 from round 1 and 13 from round 2) to address issues raised in the complaint surveys that were beyond their immediate power to influence. District-level MSFs will help advocate for the implementation of these programs with decision-makers in the coming months.

**Puskesmas Kanigaran recognized as "best puskesmas" in Kota Probolinggo**

**This article was written and published on Facebook a citizen journalist in Kota Probolinggo. It was translated by Kinerja staff for this report.**

Puskesmas Kanigaran in Kota Probolinggo recently laid claim to the title of the best *puskesmas* in the city, after bumping Puskesmas Ketapang from the top spot in the city's annual public service competition.

The award program, sponsored by Kota Probolinggo, evaluated and assessed the performance of public service units in the city in 2013. The government has worked to make the competition regular, annual event.

The director of the *puskesmas*, told a program-supported citizen journalist after serving a patient, "Being selected as the winner does not mean we are perfect or free from public criticism. We have to continue to try moving forward, to improve services for the community. We can always solve the problem together."

The director holds a firm commitment to delivering services that optimize people's satisfaction, to connecting *puskesmas* staff to a larger vision and mission, and to always involving elements of society, including health cadres, multi-stakeholder forums (MSF), and related village officials, which is what helped Puskesmas Kanigaran stand out during the assessment this year.

The service charter hangs on display at the main entrance, not only as a decoration, but as a tool that is truly used by the MSF to check implementation against their commitments. This dedication has helped make Puskesmas Kanigaran the best this year. The hope is Puskesmas Kanigaran is able to maintain progress and will always be the best going forward.

### *2.2.3 Promotion of Safe Delivery and I&EBF*

Kinerja's efforts to support health promotion activities during FY 2013 aimed to raise public awareness on their rights to health, particularly those related to MCH, including safe delivery and I&EBF.

Throughout the year, Kinerja employed a broad array of strategies to achieve its goals, including using public service announcements and radio talk shows in East Java (Jember, Kota Probolinggo, Probolinggo and Tulungagung), working with religious figures in Aceh (Aceh Tenggara and Simeulue), and engaging community figures as issue ambassadors. The district head of Probolinggo, an ardent supporter of women's health issues, has become a leading figure in encouraging women in her district to breastfeed their children. She recently appeared in a special report which aired on local station Probolinggo TV to explain that even as the head of the district government, she still found time to breastfeed her infant son.

Kinerja-supported activities also used workshops and training activities to reach out to other community figures, such as beauticians and vegetable vendors in Kota Probolinggo, to raise awareness about MCH issues. Issue-based advocacy groups such as the Association of Mother Breast Feeding (AIMI) in Kota Makassar, Probolinggo, Tulungagung and Simeulue have played a key role in supporting regulations to support safe delivery and I&EBF in their respective districts, and to raise the issue as an issue of genuine public concern. A group known as *Bapak Peduli ASI* (Fathers Who Support Breastfeeding) have helped to reverse gender

stereotypes that breastfeeding is an exclusively feminine concern, but rather one that should be discussed by men as well in order to provide the best possible start for their children's lives.

Although concrete data is difficult to obtain, anecdotal evidence in Kota Makassar suggests these health promotion efforts are having the intended effect. The head of a *posyandu* (integrated health service post) in Kota Makassar said, "Nine out of 10 babies in seven subdistricts were fed with formula milk last year. Now, that figure has almost entirely reversed, with eight out of 10 babies receiving breast milk today. The impact is clear – from their weight, height, skin condition and the frequency of illness – between babies fed formula milk and babies who are breastfed."

The impact of these awareness raising activities was not only felt at a community level, but also affected the public sector. For example, the districts of Probolinggo and Tulungagung developed a combined total of 25 lactation rooms, in their *puskesmas* and local government offices.

### *2.2.4 Adolescent Reproductive Health Education and the Prevention of Underage Marriage*

Kinerja's campaigns to prevent underage marriage and to educate young adults on reproductive health in Bondowoso have been very well-received. The number of schools using the module Kinerja developed tripled from the initial pilot phase, and the district administration supported these initiatives with an increased funding allocation for 2013 in order to include reproductive health education as a part of new student enrollment for all junior high and high school students. The Teaching Community for Reproductive Health in Bondowoso, a group of concerned teachers that formed independently following the launch of Kinerja's pilot program, was identified to implement this new student training based on Kinerja's previous module.

In order to further consolidate these encouraging developments in Bondowoso, Kinerja IO the Women's Health Foundation *(Yayasan Kesehatan Perempuan* - YKP) supported the Adolescent Reproductive Health Festival on Jan. 12. Organized under the theme: "My health, my future – We embody a healthy, qualified and dignified generation", the festival was held at the offices of the district head and drew in 400 participants, including representatives from junior high and high schools in Bondowoso, community leaders, village chiefs, and the media.

Winners of the student video, essay and poster competitions pose with their awards during the Kespro Festival in Bondowoso on Jan. 12. Area students submitted a total of 81 entries, which each tackled the issues of reproductive health and early marriage prevention.

The event garnered broad attention from local print and broadcast media, including Radio Romance and GM TV. The peer-educator group Blue Sky Community set up an exhibition booth and raised IDR 1.3 million in public donations to support its advocacy campaign to prevent early marriage by selling posters, stickers and t-shirts.

Kinerja's support for steps to reduce underage marriage and educate adolescents about reproductive health issues has received a large amount of support from the religious community. An event held on March 28 in Bondowoso drew in more than 50 religious teachers (*ustadz*) who enthusiastically participated in the discussions about underage marriage and the importance of reproductive health education.

Separately, Haji Muhammad Taufik, a teacher at an Islamic boarding school (*madrasa*) in Bondowoso told program staff, "Talking about this subject [reproductive health] is often

considered taboo in general, and even more so in a religious context. However, this is something that is very important for every person to understand...thankfully with the support of the Kinerja program, we can help spread that understanding."

### *2.2.5 Multi-Stakeholder Forums (MSFs)*

In providing technical assistance to partner districts, Kinerja promotes the creation of good governance through keeping a balance between the role and function of service providers and that of service users. In terms of service providers, the sections above outline Kinerja's primary achievements in strengthening and supporting the creation of transparent, participatory, accountable and responsive services.

Throughout FY 2013, Kinerja promoted the strengthening of public capacity to monitor and oversee service delivery and provide advocacy for better service delivery. During round 2, Kinerja developed and strengthened health-related MSFs both at the district level and at the *puskesmas* level.

This fiscal year, ten health-related district-level MSFs were established. Eight health-related MSFs were established, and two additional health MSFs were established in Bengkayang and Sekadau and were integrated with the existing MSFs on education.

MSFs contributed to improved health service delivery through addressing very strategic issues. MSFs played a role in discussing regulations on safe delivery and I&EBF in East Java, Aceh and South Sulawesi. In addition, they played a very active role in conducting complaint surveys, developing service improvement charters, overseeing their implementation and making technical recommendations.

All district- and *puskesmas*-level MSFs in Kinerja's partner districts have a management team to manage their operations, and at present these still focus a lot on local activities organized by Kinerja. This is attributed to the fact that these MSFs were still in the process of institutional development and consolidation. Further efforts to strengthen MSFs to devise work plans, solidify self-reliance and to control health service delivery are required, and will be taken up in FY 2014.

MSFs in all round-2 districts, except those in West Kalimantan, were active in drafting and monitoring the implementation of service charters that resulted from the complaint surveys described below. Kinerja expects the remaining nine *puskesmas* in West Kalimantan will sign service charters early in the following fiscal year.

**Complaint Surveys**

Complaint surveys were conducted in all 39 partner *puskesmas* across Aceh, West Kalimantan, East Java and South Sulawesi and involved some 4,590 respondents. The surveys were facilitated by technical IOs and involved MSFs as main actors and survey enumerators, except in Bengkayang, Melawi and Sekadau, where IO staff were also involved in data collection.

A total of 47 *puskesmas* signed service charters to address those complaints during the fiscal year, including 17 outstanding service charters from round 1 and 30 from round 2. Nine *puskesmas* in West Kalimantan were unable to sign service charters during FY 2013 due to delays in the implementation of complaint surveys. However, those surveys have been conducted and the following results analysis and service charters are expected to be completed in the early months of FY 2014.

As of the close of the fiscal year, partner *puskesmas* also forwarded 29 technical recommendations to their respective DHOs (16 from round 1 and 13 from round 2) to address issues raised in the complaint surveys that were beyond their immediate power to influence. Puskesmas Patinggalloang in Kota Makassar did not make technical recommendations because it was able to address all significant complaints internally. *Puskesmas* in Luwu and Luwu Utara did not make separate technical recommendations, but district offices in these two districts rather promised external solutions from the DHO in their service charters.

The remaining nine from round 2 are expected to sign their service charters in early FY 2014. Based on input from the public, Kinerja-supported *puskesmas* have made significant upgrades in their facilities, their operations, and some in Luwu Utara and Sambas have even purchased ambulances to address barriers to care at their facilities.

In Kota Probolinggo, three non-Kinerja *puskesmas* adopted independent complaint surveys with limited support from Kinerja IOs. Thus, all *puskesmas* in the city have conducted complaint surveys and developed service improvement charters.

### *2.2.6 Challenges and Plans for FY 2014*

While this year was largely successful in terms of Kinerja's implementation of its health packages, low IO capacity to mobilize quickly, effectively manage programs and provide technical input for supply-side reforms remained a challenge. The steps taken to address these IO capacity challenges are addressed in the project management chapter.

Additionally, preliminary findings from the USAID regional audit found that gains made in round 1 and 2 needed further consolidation to ensure sustainability. As a result, Kinerja will focus in FY 2014 on ensuring that partner SDUs are capable of implementing standard operating procedures, service improvement charters and the transparent use of BOK funds, with continued support for oversight and monitoring by both the relevant MSF and DHO officials. In the coming year, the program will increasingly involve DHO officials in programmatic activities to strengthen their connection to *puskesmas*, and to add to their capacity for further implementation, management, monitoring and oversight of Kinerja interventions at the SDU level.

Kinerja will support consolidation efforts in first round districts with short-term consultants. In second-round districts, Kinerja plans to extend grants to its existing IOs to support further consolidation. Activities include provide refresher courses and on-the job mentoring for partner *puskesmas*, and workshops in each province to strengthen partner DHOs and their ability to manage, oversee and assist partner *puskesmas* to enhance public participation in budgeting and planning, to implement SOPs and to follow through on pledges contained within service charters.

## 2.3 Summary of Progress in Business-Enabling Environment (BEE)

Throughout FY 2012, progress in supporting a business-enabling environment was overall very positive. Fifteen new regulations were passed to simplify the licensing environment, to support the adoption of SOPs or to otherwise facilitate a more investment-friendly climate for local businesses. A number of public-private dialogues also helped to guide the reform process, providing crucial input from the business community on decisions that ultimately affect their livelihoods.

Highlight achievements from this year include:

***Two OSS were upgraded and launched***. With support of Bitra, the OSS of Aceh Singkil managed to secure local government funds to upgrade their facility. They now have moved to a new office building and established also SOP for issuing 51 types of business licenses. The newly-upgraded OSS office was launched in January 2013. Similarly, in Luwu Utara, after only about three months' assistance from YAS, the local government (LG) was able to start its OSS in a new office building in February 203, using service standards for issuing 50 types of business licenses.

***Fifteen local-level regulations***[6] ***were issued in five districts***. Over half of the regulations issued during FY 2013 were issued in Luwu Utara, which has been supported by the program only since November 2012, while others were issued in Barru, Simeulue, Aceh Singkil and Tulungagung.[7] The regulations issued mainly cover transfer of licensing authority from the technical departments (*satuan kerja pemerintah daerah*, SKPDs) to the OSS, establishment of OSS technical teams, and issuance of SOPs to issue business licenses. These increased the authority of the OSS in each district further, making it easier for the private sector to obtain various types of licenses in one place and simplifying the process of obtaining licenses.

***Two civil society organization (CSO) forums on business licensing monitoring were established in Simeulue and South Sulawesi***. As discussed in the Second Annual Report, PUPUK Surabaya supported the establishment of two CSO forums – including business associations and non-government organizations (NGOs) – in Tulungagung and Probolinggo. These forums are expected to increase public-private interactions to improve the quality of public services, particularly in licensing. In this reporting period, BITRA was successful in facilitating local CSOs in Simeulue to establish a Public Service Monitoring Forum (*Forum Peduli Pelayanan Publik*, FP3) in June 2013. In South Sulawesi, YAS supported the Provincial Ombudsman to establish a Public Service Performance Monitoring Coalition (*Koalisi Lembaga Pemantau Kinerja Pelayanan Publik or* KLPKLIK) in July 2013.

***Business licenses maps are completed and discussed in five districts***. The Foundation's partners supported the LGs in mapping all the business licenses required both by the OSS and by other SKPDs, and categorized them into those that need to be repealed, merged, revised, or transferred to the OSS. The maps have been completed and discussed with various stakeholders. A District Head regulation was issued in Tulungagung based on the licenses map. At the end of this reporting period, draft local-level regulations were being finalized in Luwu Utara and Melawi, while the follow-ups of licenses maps in Probolinggo and Simeulue were being discussed with various SKPDs.

***Seventeen local discussions were held*** in Aceh Singkil, Luwu Utara, Barru and Probolinggo. As discussed in detail in the January-March 2013 Quarterly Report, with support of the program the LG of Aceh Singkil interacted with various stakeholders through five events – one at the district level and four at the subdistrict level – in relation to the launch of the newly upgraded OSS in Aceh Singkil in January 2013. Similarly, the LG of Luwu Utara held one

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[6] In this report, the term "local-level regulations" includes local regulation (*peraturan daerah*/*perda*, or *qanun* in Aceh), head of district/regent regulation (*peraturan bupati*/*perbup*), decree (*surat keputusan*/SK), circular letter (*surat edaran*/SE), and head of OSS regulation and decree.

[7] As a part of internal program evaluation (see action plan no. 2 on page 17), the Asia Foundation and its local partners will analyze the achievements of the program in each location, including the factors that made wide variations of program achievements across districts.

district-level and nine subdistrict-level events to engage with the local private sector and communities as a part of the launch of the OSS in February-March 2013. In Barru, a small public consultation was held to discuss a draft local regulation on modern markets that is expected to reduce the conflict between new market investment and traditional markets. In Probolinggo, a public consultation was held to discuss the licenses map developed by the LG with PUPUK Surabaya.

Among the eight BEE-Kinerja districts, Luwu Utara, Tulungagung and Barru showed the most significant progress in this reporting period. Although the LG of Luwu Utara has been assisted by YAS for less than a year, it has issued most of the necessary regulations for having an effective and transparent OSS, supported by a new office infrastructure. In Tulungagung and Barru, Kinerja has been successful in assisting the LGs to increase the authority of the OSS by authorizing them to issue most of the business licenses required by the LGs, thus making the OSS more relevant to the private sector.

Two regulations on complaint handling were issued in Luwu Utara in January 2013, to provide SOPs for complaint handling and the team to manage the complaints. These decrees guide the OSS staff to receive, analyze and properly respond to complaints that are raised. Besides this public-private dialogues, facilitated by a business-related MSF in Luwu Utara were conducted.

In this reporting period, the BEE component supported **15 improved service delivery models that were adopted by local governments.** T**wo of these achievements** led to the launching of the upgraded OSS in Aceh Singkil in January 2013 and the newly-established OSS in Luwu Utara in February 2013. Supported by various local-level regulations discussed below, the two OSS will allow the private sector in Aceh Singkil and Luwu Utara to obtain, respectively, 51 and 50 types of business licenses in one place, with streamlined and more transparent procedures.

In addition, **15 local-level regulations** related to business licensing were issued in five districts (Aceh Singkil, Simeulue, Tulungagung, Barru and Luwu Utara) in this reporting period. These regulations primarily support the use of SOPs, transparent and streamlined operations, the expanded authority to issue licenses or an elimination of duplicate or otherwise unnecessary licenses.

In addition to these achievements, there are several local-level regulations being prepared in three districts that are expected to be issued in the following quarter. In Simeulue, a District Head decree is being prepared to transfer an additional 23 types of licenses to the OSS. In Luwu Utara and Melawi, draft District Head decrees on reduction and transfer of various types of licenses to the OSS have been submitted to the respective District Head offices.

The OSS in Barru signed and implemented an internal regulation (OSS Head Decree No. 20/2012) that provided detailed descriptions of the application steps for each type of license offered, which constitutes an achievement under this indicator.

As discussed under **chapter 3 (Replication)** of this report, the Foundation and its local partners facilitated the development and implementation of Provincial OSS Performance Index (POPI) surveys in the four Kinerja provinces. By disseminating the performance of all district-level OSS in each province, it is expected that the LGs are incentivized to improve their OSS

performance. Four achievements were contributed through POPI dissemination events held in the four provinces.

The provision of "Investment Awards" by the Provincial Government (PG) of West Kalimantan was a further achievement. As discussed in October-December 2012 Quarterly Report, the PG gave awards to the top three OSS – Kota Pontianak, Kubu Raya and Bengkayang – based on the POPI in an event held in Kubu Raya in November 2012.

Three linkages between stakeholders that are active in oversight of service delivery were established. In Simeulue, BITRA facilitated representatives of local business associations and alumni of OSS training of trainers (TOT) to establish a forum to monitor the quality of public services, particularly in licensing. The Forum of Public Service Concern (*Forum Peduli Pelayanan Publik* or FP3) was established after two meetings in June 2013, led by a local businessman. Public-private dialogues, facilitated by a business-related MSF in Luwu Utara also constitute an achievement under this indicator.

In South Sulawesi, YAS facilitated the Provincial Ombudsman, Kota Makassar's Ombudsman, the Committee for Business Competition Oversight (*Komite Pengawas Persaingan Usaha* or KPPU), the Independent Monitoring Unit of Procurement of Goods and Services (*Lembaga Pemantauan Independen Pengadaan Barang dan Jasa* or LPI-PBJ) of Kota Makassar, Committee for Regional Broadcasting and Information (*Komisi Penyiaran dan Informasi Daerah* or KPID) and several local NGOs[8] to establish the Coalition for Public Service Performance Monitoring (*Koalisi Lembaga Pemantau Kinerja Pelayanan Publik* or KLPKLIK) in July 2013. The coalition was initiated by the Provincial Ombudsman through a meeting in June, which concluded that there was a need to establish an independent oversight body to monitor the performance of public services, with business licensing as "pilot." YAS then facilitated various stakeholders to establish the coalition, which is also mandated to educate the community and encourage them to raise their complaints to public service units.

### *2.3.1 Challenges and Plans for FY 2014*

There were three challenges faced by the Foundation and its partners in this reporting period:

***Political dynamics not supportive to program implementation***. Local and gubernatorial elections involving key leaders in Aceh Singkil and Kota Makassar absorbed the energy of local leaders, while the demand from the private sector and CSOs was either too small (in Aceh Singkil) or too large to organize (in Kota Makassar). Kinerja's support in Kota Makassar was frozen in July 2013 until the *perda* on upgrading the organizational status of the OSS is passed by the DPRD. However, there was no progress as of the end of this reporting period. A similar situation were faced in the third year, as the District Head of Melawi was running as a mayoral candidate in Kota Pontianak (capital of the province) in September 2012 and local election was held in Probolinggo in November 2012. Given that the OSS in these districts have been established, albeit under-performing, it is difficult for candidates to use further improvement of business licensing as "marketing" as a part of their campaign programs.

***Rotation of key personnel.*** Some of these rotations were related to the elections discussed above, either pre- or post-elections. While not unexpected, the rotations can be excessive. If

[8] *Koalisi Pemantau Legislatif* (KOPEL), *Forum Informasi dan Komunikasi Organisasi Non Pemerintah* (FIK-ORNOP), and YAS.

situation permits, the local partners also try to influence the executive leaders and the key counterpart of the Kinerja program (Local Development Planning Board, *Bappeda*) to minimize the turnover and/or to remedy the situation.

Looking ahead to FY 2014, the Asia Foundation and its local partners plan to take on the following initiatives:

***Finalize license mapping and analysis exercises and issue necessary local-level regulations.*** In October-December 2013, the four local partners will continue working with seven LGs in finalizing the license maps and preparing local-level regulations to repeal, merge, and/or transfer various types of licenses to the OSS. This will include consultations with various SKPDs and the private sector and, wherever necessary, preparation of additional regulations such as on SOP of the newly transferred licenses.

***Evaluate the achievements of BEE-Kinerja in the four districts and the performance of the four local partners and prepare Letters of Grants for program implementation in 2014***. In the first two quarters of Year 3, The Asia Foundation will evaluate the overall achievements of the program in the eight districts (including Kota Makassar), draw lessons learned from the program implementation, and identify recommendations for central government and development partners on future BEE program. The Foundation will also evaluate the performance of the four local partners and prepare Letters of Grants for implementation of the program in 2014, mainly to support replication as discussed below.

***Continue replications within BEE-Kinerja districts as well as in non-Kinerja ones***. As initiated in Year 3, the main activities of the Foundation and its local partners in the next year will be in replicating the good practices introduced in BEE-Kinerja districts, both inside and outside those districts. Within Kinerja districts, replication of IKM and SOP by other SKPDs and public service units (such as schools and local health centers/*puskesmas*) will be the priority. Outside the districts, the Foundation's partners will continue utilizing Provincial OSS Forums to enhance the capacity of the district-level OSS through thematic and multi-district training/workshops as well as to utilize PG/LG budgets to directly support interested LGs. The Foundation will continuously monitor the progress of the replication, through field visits and regular partner coordination workshops.

***Finalize OSS best practices.*** In the first two quarters of Year 3, The Asia Foundation will finalize case studies on various aspects of business licensing from the four Kinerja provinces. The qualitative case studies are expected to complement quantitative POPI results that can be used in the Provincial OSS Forums to inspire other districts to replicate.

***Continue coordinating with the national government.*** The Asia Foundation will continue supporting MOHA in endorsing the OSS TOT module and in sharing the results of POPI surveys and case studies on OSS best practices with the national Investment Coordination Board (BKPM) and the Ministry of State Administration and Bureaucracy Reform to enhance their policies and programs in further improving sub-national business licensing. In addition, The Asia Foundation will also support MOHA in revising the national OSS guidelines.

## 2.4 Summary of Progress in Cross-Cutting Issues

### *2.4.1 Media*

In FY 2013, Kinerja provided grants to four IOs to support the media capacity development effort and to strengthen the role of local media in encouraging a higher quality of public services. Those IOs were: Kajian Informasi, Pendidikan, dan Penerbitan Sumatera (KIPPAS) for Aceh; Pusat Kajian Komunikasi (PUSKAKOM) for East Java; Lembaga Pengkajian dan Studi Arus Informasi Regional (LPS AIR) for West Kalimantan; and JURnal Celebes for South Sulawesi.

The Kinerja media program in round 2 aimed at continuing the activities of round 1, which included: (1) building relationships with mainstream media to cover public service delivery (PSD) issues and (2) the training and mentoring of citizen journalists. Kinerja also fostered links between citizen journalists and mainstream media outlets to provide access to broader audiences and to raise PSD issues that may have otherwise gone unreported.

In general, progress throughout the year was positive and contributed toward Kinerja's goals of encouraging public engagement with and oversight of the public services in their communities. A total of 88 (27 women / 61 men) citizen journalists produced a total of 143 items on an entirely volunteer basis for distribution through social networks, as well as print and broadcast media.

Not only were Kinerja and its IOs successful in developing a larger, more dedicated group of citizen journalists than in the previous year, but the program was also successful in encouraging citizen journalists to engage with substantive issues rather than simply covering program activities. A number of articles produced by these volunteers were picked up by major local or provincial outlets, and led to changes in policies or their implementation at the SDU level.

One citizen journalist in Kota Makassar wrote about the complaint box in Puskesmas Batua, publishing the article on social media and on the blog Kompasiana. The article also appeared in the local newspaper *Tribun Timur* at the end of February. In April, a team from the Indonesian Ministry of Health visited the *puskesmas*, where they saw a number of improvements had been prompted by feedback from the complaint box. However, to ensure transparency and objectiveness, the head of Puskesmas Batua gave community representatives the key to the box and put in a policy to review complaints together every two weeks.

***Building relationships with mainstream media to cover PSD issues.*** Throughout FY 2013, Kinerja worked to build relationships or strengthen existing partnerships with local media in order to encourage them to cover public service delivery issues, particularly related to health, education or business licensing. A number of local newspapers, including *Tribun Timur*, *Palopo Pos*, *Cakrawala*, *Ujung Pandang Express*, and *Radar Bulukumba*, and online media outlets such as LuwuRaya.com and KabarMakassar.com provided dedicated columns for citizen journalists to raise complaints related to service delivery issues. Local governments of these districts were very responsive to this kind of public pressure, and often responded immediately.

In South Sulawesi, JURnal Celebes worked together with four local radio stations (Ar Rahman FM in Luwu, Adira FM in Luwu Utara, IGA FM community radio in Barru, and Cempaka FM in Bulukumba) and two local television stations (Makassar TV and Celebes TV) to discuss a variety of issues related to basic education, health and BEE.

Close relationships with local mainstream and community media were also established in other provinces, such as in Aceh with daily newspapers *Serambi*, *Waspada* and *Analisa* in Kota Banda Aceh and commercial radio X-Tra FM in Aceh Singkil. Efforts in East Java solidified relationships with daily newspaper *Radar Jember*, news portal BeritaNusa.com, commercial radio station Liur FM and Sigi TV in Tulungagung and Bromo FM in Probolinggo. West Kalimantan developed links to weekly newspaper *Suara Gong* in Bengkayang, daily newspaper *Pontianak Times*, community radio AUR FM and Dunia Remaja FM in Sambas.

***The training and mentoring of citizen journalists.*** Through its IO partners, Kinerja trained and mentored community members in its partner districts to engage with public service delivery issues through citizen journalism. Often, potential citizen journalists were recruited from the membership of the program's MSFs with the understanding that by utilizing social media as well as mainstream outlets, citizen journalism provided greater leverage to demand-side components of the program.

Results were particularly positive in South Sulawesi, where the government and media sectors of Bulukumba, Luwu, Luwu Utara, and Kota Makassar remained highly responsive, as they were in round 1. Citizen journalism in round 2 was also well received as a channel of feedback the district administration officials in East Java (Kota Probolinggo and Tulungagung), in Aceh (Bener Meriah and Kota Banda Aceh) and in West Kalimantan (Kota Singkawang and Sambas).

In total, approximately 218 citizen journalists have been trained (34% of them are women), out of which 86 have been remained active in writing reports on local government performance and have produced 143 articles/products. Although progress in round 2 has been encouraging, overall progress toward the PMP targets is below the program's initial expectations. This is due, in part, due to challenges in effectively capturing monitoring and evaluation data during round 1, substandard performance of IOs in round 1 and challenges in remaining programmatic continuity between round 1 and round 2 given a change in IO partners.

The promotional poster from the Citizen Journalism Festival, the first ever of its kind to be held in eastern Indonesia, was released to promote the event. Over 600 people from various backgrounds attended the two-day event.

On May 22-24, Kinerja and its IO JURnal Celebes held the Citizen Journalist Festival at Hasanuddin University, Kota Makassar, South Sulawesi. The two-day festival was attended by over 600 people from various backgrounds, including university students and high school students, social workers, civil servants, and professional journalists. The event featured panel discussions with media activists and practitioners as well as technical workshops on photography, concise writing, documentary video production and a workshop on making simple caricatures. The festival was also supported by several Kinerja partners that made significant contributions to cost-share, such as Kompas/Kompasiana.com, the Jakarta Post Digital, BakTI, Oxfam, Basics–CIDA and the Information Commission.

Media IOs have also encouraged citizen journalists to make use of PPIDs as a source of public information (described in the section below) in order to further develop the connection between supply and demand.

**Luwu Utara wins award for boosting public participation**

At a ceremony held on Sept. 14, the district of Luwu Utara, South Sulawesi took home the prestigious Fajar Institute of Pro Otonomi (FIPO) Award for the best innovation in public participation.

Over the last year, media organization JURnal Celebes supported citizen oversight group Fakta to host regular public discussions in a local coffee shop. This casual forum, called Warung Demokrasi, was designed to allow community members to voice their concerns regarding public service issues and to provide government officials with important public feedback.

With support from USAID's Kinerja program, which aims to improve the governance of public service delivery, Warung Demokrasi became an important driver behind the effective implementation of a number of district policies, including the district head regulation on proportional teacher distribution. Concerned about disparities in educational quality between rural and urban areas of Luwu Utara, representatives from teachers associations, district education officials and other concerned individuals held discussions on equitable teacher distribution and pushed the government to avoid delays in reassigning teachers to where they were needed most.

Luwu Utara Deputy District Head felt optimistic about the long-term benefits of public discussion forums like Warung Demokrasi. She said they would enhance community participation, which would in turn boost participation in public service oversight.

Further, she explained that Warung Demokrasi also offered direct benefits for the government. "Public discussion forums will help the government to create more effective governance through dialogue. Through this medium, the local government is able to communicate its programs," she added.

In addition to enhancing public participation, the coordinator of Fakta, she said that airing Warung Demokrasi live on a local radio station also improved access to information for people living in remote areas.

Having received a FIPO award for their cooperation, both the deputy district head of Luwu Utara and Fakta's coordinator hoped Warung Demokrasi would motivate the government to optimize its services and sustain the strong ties with community.

### *2.4.1.1 Challenges and Plans for FY 2014*

In the early stages of Kinerja's media programming, citizen journalists tended to report on events sponsored by the program rather than their ultimate impact on public service delivery. However, Kinerja and its media IOs have continuously worked to build the capacity of citizen journalists to understand and engage with PSD issues through their writing. As a result, citizen journalists are discussing the substance of the various efforts to improve public services, both in terms of areas that need improvement and innovative efforts that have yielded positive results.

Throughout FY 2013, Kinerja learned that a number of citizen journalists had concerns about potential repercussions for critical articles. To minimize these concerns and to enhance citizen

journalists' feeling of security, Kinerja developed close relationships with the Indonesian Press Council and the Alliance of Independent Journalists (AJI) to assist citizen journalists should they face legal or extralegal pressure as a result of their reporting.

In FY 2014, Kinerja will continue to support its media IOs to strengthen citizen journalism as a key component of its demand-side intervention.

### *2.4.2 Local Government Public Information Officials (PPID)*

Kinerja continued to support PPID offices throughout FY 2013 as the local implementers of the national freedom of information law in order to encourage further transparency of the delivery of public services. This year a variety of activities were conducted in order to support the legal establishment of these offices, develop SOPs for information request handling and the categorization of information that should be readily available to the public.

Given differences in levels of commitment and ability, progress in Kinerja's partner districts was varied. In order to better direct support to these offices' top areas of need, the program used six parameters to measure progress: Existence of relevant regulations; enactment SOPs; list of documents/information for immediate public access; establishment of a front desk; open access to information for the public; and the selection of a special officer in charge of document delivery services.

By the close of the fiscal year, almost all Kinerja-supported districts had issued decrees on the establishment of public information officers (PPIDs), with the exception of Bondowoso, Probolinggo, Simeulue, Sekadau and Luwu, where such regulations were still in the process of being drafted.

In East Java, Kota Probolinggo opened its PPID office for operations with a front desk ready to serve public information requests. The municipal administration approved and established information categories for all of its technical working units (SKPDs). In early 2013, responsibilities for PPID were transferred from the city's Public Relations and Protocol Division to the city's Communication and Information Office (Dinas Kominfo). This transfer required some adjustments to public information services but did not interrupt service delivery. Meanwhile, other districts in East Java have issued PPID establishment regulations but have not put them into operation because their operational guidelines have not been approved yet.

Districts in Aceh saw significant progress on PPIDs because the provincial government through, its Communication and Information Office, has provided excellent support for the establishment of PPID offices at the district level. Kinerja worked with the Provincial Communication and Information Office to facilitate the preparation of SOPs, the establishment of information categories and to otherwise prepare PPIDs for operation. In addition, the provincial government has also issued a regulation on the establishment of PPID offices in districts across the province. Among Kinerja districts in the province, Kota Banda Aceh and Aceh Singkil have operational PPIDs. As of the close of the fiscal year, other districts, including Bener Meriah, Aceh Tenggara and Simeulue, were still working to implement the regulation.

As further detailed in the table attached as Annex A-5, a total of 14 districts had regulations on PPIDs available, while four were in progress and only two had not yet produced a draft. Six districts had established SOPs for information request handling, and another six had either established or produced a draft of a list of documents to be made publically available.

#### *2.4.2.1 Challenges and Plans for FY 2014*

Progress in establishing effective PPID offices was difficult at times due to a lack of priority placed on the issue.Bureaucratic agreements and regulations needed were often slow in being signed, leading to delays in implementation.

In FY 2014, Kinerja will provided limited support to PPIDs, focusing the majority of its efforts on Aceh where demand and commitment from government partners is perceived to be relatively high, and where provincial efforts will be most likely to help drive progress.

### *2.4.3 Minimum Service Standards (MSS)*

Kinerja's technical assistance to achieve MSS aims to improve the capacity of district governments, particularly DHOs and DEOs, to applying service standards in public administration. The program aims to improve the use of MSS – especially in the planning, budgeting, implementation and monitoring and evaluation of programs at the district, department and service unit levels – to ensure that these basic fundamentals of good governance will continue to be applied after the intervention ends.

The following table shows progress toward three indicators of success: the use of MSS in planning processes; the use of MSS costing analysis in the development of budgets; and the evaluation of MSS achievements on an annual basis.

| No | Indicators | Round-1 Achievement | | Round-2 Achievement | |
|---|---|---|---|---|---|
| | | No. of Districts | % | No. of Districts | % |
| 1 | MSS application in planning process | 12 | 92% | 10 | 59% |
| 2 | Utilization of activity prioritization results and/or MSS costing in a plan/budget document | 9 | 69% | 5 | 29% |
| 3 | Annual MSS achievement evaluations | 3 | 23% | 0 | 0% |

The above table shows that, for each indicator, Kinerja districts from round 1 consistently had higher achievements than in round 2 districts. This is due to the (longer) period of intervention and support since round 1 began in FY 2012 and was consolidated throughout FY 2013 toward sustainable application in FY 2014 and the following years. Support in round 2 only began in FY 2013, and has to date, understandably achieved less. Other significant factors were:

- **MSS assistance module continued to improve with experience:** Kinerja continued to update the module it used for MSS training until July 2013, incorporating lessons learned from its experience, to develop a progressively more effective tool.
- **Available MSS data of Local Governments** (District Offices/Puskesmas/Schools): More accurate and valid data, coupled with a stronger commitment to updating it, made the process of intervention more effective and faster.
- **Available analysis of unit costs (ASB) of activities in support of MSS costing:** Minimal levels of previous monitoring and evaluation data within district offices led to limited input on activities and output unit costs that essentially inform an MSS costing process.
- **Available time of local informants/interim consultants/competent facilitators in the field of MSS:** The progress of the intervention was often inhibited by the availability of local informants/consultants. A district or provincial pool of MSS facilitators may be needed in the future.

- **Active involvement of stakeholders from Local Governments/District Offices/service units/community representatives:** In addition to improving understanding and skills, the active involvement of relevant stakeholders significantly helped to build sustainable processes and outcomes in the future years.
- **Sustained advocacy for the community and decision makers:** Continual efforts are needed to ensure that the issue of compliance with MSS is accommodated in policy on planning, budgeting, monitoring and evaluation of health and education services.

A number of good practices from Kinerja's technical assistance on MSS in both education and health emerged in FY 2013.

In the application of MSS within the BOSP component, good practices emerged from Simeulue and Kota Banda Aceh, as their progress toward calculating and addressing gaps in school funding is primarily based on MSS achievement data. In SBM, the districts of Bener Meriah, Kota Probolinggo and Jember all showed high levels of commitment not only to conducting MSS cost analysis, but also allocating budgetary resources to improve MSS achievement. Bener Meriah allocated IDR 780 million in its 2013 district budget (APBD) for the application of MSS in Kinerja's 20 partner schools and for training on the use of the World Bank's TRIMS application for non-supported schools. Kota Probolinggo allocated IDR 470 million in its 2013 budget to apply SBM in Kinerja's 20 partner schools and 10 non-supported schools. Jember's district budget 2013 provided at least IDR 930 million for replication of MSS application in schools across the district. Further, in PTD actual costing analysis was completed by Luwu Utara and Barru.

In health, several districts applied MSS cost analysis and integrated it into the district planning and budgeting documents. Those districts included Bener Meriah, Aceh Singkil, Jember, Kota Singkawang, and Bulukumba. Kota Singkawang integrated health MSS into its Strategic Plan and Mid-Term Development Plan (RPJMD) for 2013-2018. Based on technical assistance delivered in 2013, Jember has requested as much as IDR 79 billion be allocated to promote achievement of MSS in health.

These budget allocations prove that with technical assistance, district administrations are capable of completing complex analysis and are willing to contribute their own resources toward addressing challenges in their districts. The funds discussed above were not simply earmarked for the continuation of a table-top academic exercise, but the real world application of that analysis to improve lives and livelihoods in their communities.

A review across provinces indicates that achievements in South Sulawesi were relatively stronger than in other provinces, followed by East Java, Aceh and West Kalimantan.

| Province | Number of supported districts | | District Achievement of Indicator 1 | | | | District Achievement of Indicator 2 | | | | District Achievement of Indicator 3 | | | | Avg. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | R-1 | R-2 | R-1 | | R-2 | | R-1 | | R-2 | | R-1 | | R-2 | | |
| Aceh | 4 | 5 | 3 | 75% | 3 | 60% | 3 | 75% | 1 | 20% | 1 | 25% | 0 | 0% | 43% |
| East Java | 3 | 5 | 3 | 100% | 2 | 40% | 1 | 33% | 2 | 40% | 2 | 67% | 0 | 0% | 47% |
| West Kalimantan | 2 | 2 | 2 | 100% | 1 | 50% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 42% |
| South Sulawesi | 4 | 5 | 4 | 100% | 4 | 80% | 3 | 75% | 2 | 40% | 0 | 0% | 0 | 0% | 49% |
| Total | 13 | 17 | 12 | 92% | 10 | 59% | 9 | 69% | 5 | 29% | 3 | 23% | 0 | 0% | 45% |

Kinerja supported a number of comparative studies in order to promote peer-to-peer learning and the sharing of experiences among district officials applying MSS cost analysis. Such study tours were conducted by 9 of the 13 supported districts in round 1 (69%), and by 10 of 17 supported districts in round 2 (59%). The program plans to compile additional good practices from the implementation of MSS for use at the provincial level in the coming year.

As described in the monitoring and evaluation chapter found later in this report, SMERU conducted a study of the indicative impacts of MSS application in a select number of partner districts. The study showed that MSS technical assistance had improved understanding of MSS indicators, particularly related to Kinerja's intervention packages, and promoted improvement in MSS database system, prioritization of activities and MSS costing integrated into local planning and budget documents, and actualization of service charters at the service unit level. It also found that successful MSS integration into planning and budget documents required advocacy efforts to ensure that technocratic activities are supported by political policy on local budget.

Finally, Kinerja cooperated with AusAID- LOGICA in Aceh to support the application of MSS throughout the province. More details are provided in the following chapter on replication.

#### *2.4.3.1 Challenges and Plans for FY 2014*

A comparison between the achievements in round 1 and round 2 districts shows that the length of the intervention and continuity contribute significantly to successful adoption. The existence of an MSS assistance module, the availability of local governments' MSS data, analysis of MSS activity unit costs, support from consultants/informants/facilitators in intervention, active involvement of actors on both supply and demand sides, and sustainable advocacy to communities and decision-makers are perceived as key success factors in MSS assistance. It is important to ensure that these key factors are available in the last year of Kinerja intervention and in the following years through district governments' own resources.

Further, the achievement status of each indicator of success in MSS technical assistance in partner districts will determine whether the level of utilization of activity prioritization and/or

MSS costing in plan/budget documents and the frequency of MSS achievement evaluations should be improved or overseen in order to achieve the final targets of intervention.

By learning these lessons, the work plan for FY 2014 will focus on: (1) overseeing the integration of MSS costing into local planning and budgeting, (2) building capacity to monitor and evaluate MSS application, (3) developing a policy paper to support a national policy on application of service standards, particularly MSS at the Local Government level, and (4) promoting Kinerja's sustainable approach to MSS application with provincial and national governments playing a role in replication of MSS application to non-supported districts/cities, particularly in local planning and budgeting processes.

The strategies to be used under the work plan FY 2014 include national, provincial and district strategies. They are as follows:

1) National strategies:
   a) Provide support for districts/cities to integrate MSS into their planning and budgeting;
   b) Develop a policy paper on application of MSS;
   c) Update the compilation of lessons learned and good practices in MSS application;
   d) Facilitate a national review of MSS application and recommendations for the application of minimum service standards;
   e) Promote a national MSS Application Replication Package in cooperation with relevant ministries (Ministry of State Apparatus Empowerment and Bureaucratic Reform, Ministry of Education and Culture and Ministry of Health).

2) Provincial strategies:
   a) Improve coordination with consultants and other strategic partners in supporting replication and integration of MSS application;
   b) Provide advocacy at the provincial level to promote an MSS Application Replication Package at the service unit and SKPD/regional levels;
   c) Provide support for provinces in developing a mechanism for monitoring and evaluating MSS application in supported districts/cities.

3) District/city strategies:
   a) Continue to strengthen the capacity of district offices (dinas) and service units in finalizing MSS Costing for annual and/or mid-term planning and budgeting;
   b) Improve the capacity of district offices and service units to integrate MSS into annual and/or mid-term planning and budgeting.

### *2.4.4 Gender*

Gender mainstreaming became an important feature of Kinerja's achievements in FY 2013, following the development of the program's Gender Mainstreaming Strategy. This reflects Kinerja's strong commitment to integrating gender-sensitive considerations in its work.

Kinerja hired a gender consultant to conduct a series of activities, including a mapping of its interventions, a review of its reporting templates and interviews with key staff. The consultant was also conducted a field visit to Bondowoso to further examine Kinerja's flagship intervention to address gender inequity (prevention of teenage marriage through the adolescent reproductive health program).

From the mapping study and the field findings, the consultant offered a number of recommendations to draw up a twin-track gender strategy for Kinerja's continuing interventions, focusing on developing specific programs to empower women and improving the integration of women's and men's needs and interests throughout the project cycle (gender mainstreaming). In order to implement this two-pronged strategy, the consultant also recommended some steps be taken. Kinerja then conducted an internal workshop to further discuss the recommendations of the consultant on June 21–22 as part of discussions on the annual work plan for FY 2014. Kinerja also identified a need to foster a common approach among national office technical specialists and the program's provincial coordinators regarding the integration of gender into each of the program's sectoral packages. Four points of agreement emerged from the workshop for integration into Kinerja's gender strategy included:

1. At the policy level, the gender strategy would work to leverage existing gender integration initiatives, and accordingly adjust the PMP to include gender-sensitive indicators, in order to maximize their implementation within the time remaining in the project.
2. Kinerja would develop tools to help ensure IO and field staff adequately address gender integration into project activities. Similarly, Kinerja would also develop a sub-module on gender integration into its other replication modules.
3. Kinerja would also highlight examples of successful efforts that have already been implemented in Kinerja's sectoral packages in order to raise the awareness of its field staff and IOs on the importance of gender integration in governance programming and public service delivery. It would implement a pilot gender integration program in its ongoing and upcoming grants, to guarantee the collection of gender-disaggregated data in IOs field reports.
4. Kinerja would work to ensure the adequate documentation of gender integration initiatives in its health, education and BEE packets and reporting on the mainstreaming of gender in important documents for USAID, including the annual work plan.

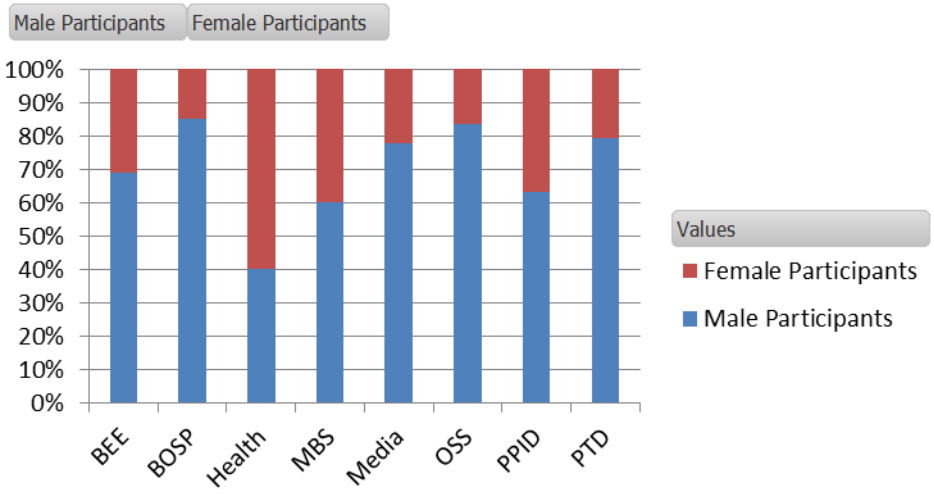
Kinerja then finalized the gender mainstreaming strategy and started its integration into various opportune areas, e.g. the RFAs for strengthening and sustaining MSFs, which all potential local partners responded to in their proposals.

To further disseminate the gender strategy and to increase local partners' awareness on the importance of gender mainstreaming in governance projects, Kinerja conducted a gender mainstreaming workshop in Surabaya on July 17–18. Local partners from South Sulawesi and East Java attended. This workshop started a series of workshops to increase the awareness of Kinerja's local staff and local partners about gender issues and to further discuss how Kinerja's Gender Mainstreaming strategy could be implemented at the local level by utilizing various entry points. Early in FY 2014, Kinerja will hold another workshop for West Kalimantan and Aceh.

Kinerja continues to collect gender disaggregated data from its IOs on the number of participants in their events and activities. While Kinerja's work in BEE, health, SBM and PPID has achieved significant levels of women's involvement (30% of participants or higher), it needs to explore new strategies in its work with BOSP, media, OSS and PTD to boost female participation.

As reflected in the chart below, the highest proportion of female participants was in activities related to health. This corresponds with Kinerja's focus on maternal and child health issues – the traditional sphere of women in the community. PTD and BOSP remain the sectors with the

fewest female participants, though it is important to note that activities in these two components deal with district-level decision-makers in education where females make up an extremely small minority. In Kinerja's media-related work, although the percentage of female participants in IO activities was reported to be less than 30%, it is important to note that out of 218 trained citizen journalists, 34% were female. There is a need to further investigate the reasons behind the levels of female participation in media- and OSS-related activities. Nevertheless, Kinerja continued to ensure that IOs provided gender disaggregated data on their participants, and to remind them to ensure sufficient participation of women and young women to voice their demands for better public service delivery at the local level.




Although Kinerja just finalized its gender mainstreaming strategy in FY 2013, it is critical to note that gender responsive activities have been integrated or mainstreamed in Kinerja packages before the strategy was clearly defined. The program's work with the Association of Breastfeeding Mother (*Asosiasi Ibu Menyusui*), Fathers Concerned about Breastfeeding (*Bapak Peduli ASI*) and the series of events with religious leaders and community leaders around breastfeeding has taken aim at a number of barriers to breastfeeding – including support for a woman's choice to breastfeed her children.

In addition, the adolescent reproductive health program in Bondowoso became a significant intervention to reduce the negative impacts of teenage marriage for young women, which include significantly elevated maternal health risks and diminished access to higher education. Kinerja intends to document these positive and innovative gender initiatives, and scale them up whenever there are opportunities to do so.

Kinerja will also ensure that its good practice in the prevention of teenage marriage (from the Adolescent Reproductive Health Program in Bondowoso) will be further replicated in other districts – including Kinerja's assisted districts in Sambas, West Kalimantan and Papua – by the IO Yayasan Kesehatan Perempuan (YKP). Finally, Kinerja will continue to report on various gender integration aspects in the project's regular reports.

#### *2.4.4.1 Challenges and Plans for FY 2014*

Kinerja plans to conduct a number of gender integration activities in FY 2014 to ensure a gender perspective is maintained and further strengthened. These activities include workshops for program staff and IOs to raise awareness of the importance of gender considerations in

governance programming, and to seek out opportunities to enhance gender integration in existing program components.

# 3. Replication

Now in its third year, Kinerja is at the stage where significant success and lessons are appearing in some of its partner regions. A revised strategy has been accepted by USAID, focusing its replication efforts on the existing districts/cities (understood as completion/deepening of the interventions, scaling-up and institutionalization for sustainability) and extension of interventions to an additional 25 districts/cities (10 for combined Health and Education, 15 for BEE). The priority replication track will be within treatment districts and provinces. Here the project has considerable influence and will be able to plan activities that are directly supportive, involving largely local actors.

Additionally, there is the expectation that Kinerja will produce products and set in motion efforts that will lead to wider (national) adoption of its good practices over time, past the closing date of the project. Products that facilitate this kind of replication have been developed and are in the final stage of packaging (see 3.3 and below under 3.7). Some effort has already been undertaken in this regard; the UGM led consortium of universities involved in Kinerja has produced various "good practices" documentation is available on the consortium website.

This chapter provides an update on efforts to replicate Kinerja's intervention within districts as packages are scaled-up from pilot projects to broader implementation, and efforts to replicate proven good practices to additional districts within Kinerja provinces. This chapter also outlines the program's activities and achievements through its work with the UGM University Network, with regional pro-autonomy awards programs, with national-level partners and with development partners.

## 3.1 Replication within Kinerja-supported districts

**Education**

Replication of Kinerja's **SBM** package has already begun to take off in a number of partner districts. In Kota Probolinggo and Jember (East Java), SBM replication activities got underway with training sessions for school supervisors and principals to provide a general understanding of the package.

Jember added 10 schools, Probolinggo added eight schools, Barru added 40 schools and financed through their own budgets and their own school supervisors. With Kinerja support, Singkawang fulfilled its obligation to the Ministry of Education and Culture (MOEC) to implement TRIMS in all its 146 schools and Melawi has begun scaling up SBM by conducting training for 50 non-partner schools. Furthermore, Kota Probolinggo has announced plans to replicate SBM in 109 schools in 2014 as the realization of its previous letter of commitment. This would extend SBM coverage to all elementary and junior high schools in the district. Kota Singkawang scheduled a number of TOT for school supervisors and training for DEO staff to oversee the replication in the district. Kinerja had big hopes that the SBM program could be replicated district wide in Kota Singkawang. Unfortunately internal government problems resulting from a shift in development priority of the new mayor have prevented further replication in this city.

To support this rapid expansion of the SBM program, Kinerja has positioned a number of its top-performing schools in each district as SBM "laboratories" where school principals, teachers and district officials can learn more about the implementation process involved in the package.

Within district replication might also happen with the **PTD** component, in Luwu Utara and Barru where the districts recruited Kinerja IO LPKIPI and expanded small-scale pilots to reassign teachers within a selected number of sub-districts to cover the whole districts.

Efforts got underway at the close of the fiscal year to also replicate **BOSP** to a number of districts in South Sulawesi. A preliminary workshop was held in Kota Makassar on Sept. 26 to disseminate information regarding the intervention to the Provincial Education Office and 12 additional districts in South Sulawesi. The program expects that between five and seven of the districts that attended the meeting will replicate the program in FY 2014.

**Health**

In the health sector, the Sambas district government provided Kinerja IO PKBI Sambas, with a IDR 250 million grant to assist an additional seven *puskesmas* on top of those supported by Kinerja in FY 2013. To ensure the quality of PKBI's replication assistance, Kinerja recruited a local STTA to backstop PKBI and the Sambas administration.

Health package replication activities in Kota Probolinggo were conducted in three remaining *puskesmas*, starting with complaint surveys, analysis and preparation of service charters. With this, all *puskesmas* in Kota Probolinggo are covered.

In Kota Makassar, training for breastfeeding counselors was provided to all 39 *puskesmas*. In the coming year, SOP training is slated to be replicated to 20 *puskesmas*, in Luwu Utara to 11 *puskesmas* and in Luwu to 5 *puskesmas*.

**BEE**

As OSS office operations already provide district-wide coverage, internal replication or "scaling-up" is not possible within the BEE component. However, encouraging results are already emerging from the package's adoption in districts outside of Kinerja's coverage.

## 3.2 Replication to Additional Districts

As a result of the audit, the scope of regional replication was reduced from 30-45 districts to 25 districts. Replication efforts will focus on districts within Kinerja provinces, of which there are 71 possible districts excluding the 20 control districts.

Provincial governments have thus far played an important role in replication efforts. In East Java, the provincial Bureau for Administration and Cooperation conducted a workshop to showcase Kinerja programs and achievements in November 2012 and invited 21 districts that had previously shown interest in becoming Kinerja partners in 2011. In May, the province requested that interested districts submit letters of interest (LOI) to confirm their commitment. Eight districts confirmed and agreed to allocate funding from their own budgets. A Replication Fair will be conducted in October 2013, to discuss with well performing districts and to help these eight districts to identify the package they are interested to implement. Similar Replication Fairs will as well be conducted in the other provinces in 2014.

**Education**

Efforts got underway at the close of the fiscal year to also replicate BOSP to a number of districts in South Sulawesi. A preliminary workshop was held in Kota Makassar on Sept. 26 in cooperation with the Provincial Education Office to disseminate information regarding the intervention to 12 additional districts in South Sulawesi. The program expects that between five and seven of the districts that attended the meeting will replicate the program in FY 2014.

For FY 2014, two districts in East Java – Pacitan and Pasuruan – have shown interest in replicating the SBM package.

While districts have shown interest in replicating the BOSP and SBM packages, there has been less interest in PTD.

**Health – Reproductive Health Education (Kespro)**

Within the health component, Kinerja's pilot program to reduce underage marriage and promote adolescent reproductive education in Bondowoso has been quite successful, making it another appropriate option for broader replication.

Reproductive health education (Kespro) has been replicated from Bondowoso to Probolinggo and Tulungagung, through a number of training activities and workshops. Kespro was also included in Student Orientation Period (Masa Orientasi Siswa - MOS) for new students in junior high school in Bondowoso, reaching more students than ever before.

Based on the success of the initiative in Bondowoso, Kinerja also received a commitment from the district head of Sambas to replicate Kespro, and program staff held several meetings in September to work out the details of how best to carry out implementation in the coming fiscal year.

Kinerja's IO YPK, which was involved in the development of the Kespro pilot, received funding from the Ford Foundation to replicate the package in five non-Kinerja districts: Bangkalan (East Java), Serang (Banten), South Jakarta (DKI Jakarta) and Tasikmalaya (West Java).

**BEE**

At this stage, Kinerja's BEE program is at the most advanced stage of replication. In the coming year, BEE has the commitment to replicate to 15 additional districts. A number of activities were conducted in FY 2013 to make this happen. The main replication strategy in the BEE component is to support the provincial governments (PGs) participating in Kinerja to: (i) facilitate the establishment of a forum of district-level OSS in each province (OSS forum) that will reach non-Kinerja districts; (ii) regularly evaluate the performance of the district-level OSS in each province through the Provincial OSS Performance Index (POPI) surveys; and (iii) utilize the results of POPI to create incentives to improve the performance of the district-level OSS through cross-learning. To serve this strategy, the Foundation and its four local partners have been implementing various activities that resulted in three main achievements in this reporting period:

(1) ***Provincial OSS Performance Index (POPI) survey was implemented and disseminated in all Kinerja provinces***. The OSS forums have developed and implemented POPI to measure the performance of district-level OSS in the provinces

at the end of 2012 **(see the 2011-2012 annual report)**. In this reporting period, the POPI results were disseminated in all provinces. In West Kalimantan, the PG gave awards to the three best district-level OSS based on the results of POPI survey, i.e., Kota Pontianak,[9] Kubu Raya and Bengkayang. The PG of Aceh issued a circular letter responding to the POPI results to encourage improvement of Standard Operating Procedures (SOP) for issuing licenses.

(2) ***OSS Training of Trainers (TOT) module was developed and the training was implemented in four provinces***. In collaboration with the Training and Education Agency (*Badan Diklat*) of MoHA, The Asia Foundation and its local partners developed a TOT module and implemented the TOT in the four Kinerja provinces, with 107 participants from the government and CSOs. Given limited number of CSOs – practically none in Aceh and one each in the other Kinerja provinces – and limited PG officials who had capacity to provide assistance to the LGs to improve their licensing services, additional 22-30 OSS trainers are quite significant to build local capacity to expand local capacity in the four provinces to provide assistance to provincial and local governments in developing their OSS.

(3) ***Several good practices developed under BEE-Kinerja were replicated in two Kinerja districts and a non-Kinerja district***. The enhanced Customer Satisfaction Index (*Indeks Kepuasan Masyarakat* or IKM) survey developed to measure the satisfaction of OSS customers through Kinerja was replicated by the LGs of Probolinggo and Barru in other SKPDs/public service units. In Pinrang (South Sulawesi) the LG engaged with YAS to replicate the license mapping and simplification exercise, streamlining the number of licenses required from 89 types to only 27. In addition, there were five other non-Kinerja districts in the four Kinerja provinces that were in progress of replicating good practices introduced by the program.

The Asia Foundation's partner in the South Sulawesi, YAS, responded to a request by the administration of Pinrang to map its current licensing environment and provide input on how to reduce and streamline the number of licenses required. The administration was motivated by the results of POPI that were disseminated in March 2013, especially since its OSS scored poorly in comparison to Luwu Utara and Barru.

With financial support from the administration, YAS mapped out all types of business licenses required in Pinrang. Through a series of meetings with the SKPDs, 89 types of licenses were identified, including 36 that were authorized to the OSS, which had been established in 2010. The results were discussed with the Regional Secretary (*Sekretaris Daerah* or *Sekda*) of the LG and it was decided to merge and reduce the types of licenses to 27 in total. Based on this, two district head regulations were issued in July 2013: No. 2/2013 on transfer of licensing authorities of 27 licenses to the OSS and No. 503/27/2013 on classification of different types of business licenses.

In addition, the Foundation's partners in the four Kinerja provinces were also in process of supporting five additional districts as summarized in the table below, with funding from the

[9] OSS in Kota Pontianak was initiated during early stage of decentralization, with support of The Asia Foundation and Madanika (funded by USAID).

respective district budgets. All of these resulted from the discussions they had in the series of Provincial OSS Forums.

Adoption of Kinerja-Supported Good Practices on BEE in non-Kinerja Districts

| District (Province) | Components to Be Replicated | Progress (Up to September 2013) |
|---|---|---|
| Kayong Utara (W. Kalimantan) | SOP and Control Card | MoU between LG of Kayong Utara and Madanika was signed in July 2013.<br>District head decree on improved SOP and implementation of control card was drafted. |
| Sinjai (S. Sulawesi) | SOP, control card and IKM | MoU between LG of Sinjai and YAS was signed in September 2013. |
| Pacitan (E. Java) | SOP and License Map | The LG sent a letter of interest to PUPUK Surabaya via the Provincial OSS in July 2013. |
| Pamekasan (E. Java) | SOP and IKM | Contract between the LG of Pamekasan and PUPUK Surabaya was being finalized. |
| Kota Subulussalam (Aceh) | SOP and License Map | The LG sent a letter of interest to Kinerja Provincial Coordinator (PC) in June 2013.<br>BITRA met with the LG of Kota Subulussalam to identify next steps. |

In addition to replicating the BEE package to new districts, Kinerja supported the adoption of an enhanced Customer Satisfaction Index (*Indeks Kepuasan Masyarakat* or IKM) in two Kinerja districts, Barru and Probolinggo. The previous IKM survey methodology was improved and implemented in the seven original BEE-Kinerja districts to measure public satisfaction with the licensing services. Two of the LGs, Barru and Probolinggo, replicated the improved methodology to measure public satisfaction with civil registry services in Barru and to six offices[10] in Probolinggo. The Organization Division of the LG of Probolinggo plans to replicate the improved IKM further in other SKPDs and public service units in 2014.

The Asia Foundation and its local partners were able to achieve considerable amounts of cost share to support their replication efforts, including Rp 240 million from the administration of Pinrang to support the full-time efforts of YAS to map and streamline the types of business licenses required. The district of Sinjai signed an MOU with YAS in September 2013 and allocated Rp 150 million to finance meetings and workshops to improve SOPs and implement the enhanced IKM survey between September and December 2013. The administration of Kayong Utara, West Kalimantan signed an MOU with Madanika in July 2013, and allocated Rp 170 million to facilitate the design of SOPs and a control card system between July and December 2013 for its recently established OSS.

To support the implementation of the BEE component replication strategy discussed above, The Asia Foundation and its local partners developed three mechanisms: (i) implementation and dissemination of the Provincial OSS Performance Index (POPI) surveys; (ii) Training of Trainers (TOT) on OSS development; and (iii) Provincial OSS Forums to allow peer learning among district-level OSS, facilitated by the provincial governments.

[10] These include Employment and Transportation Department, Civil Registration Department, District Hospital, Organization Division, a junior high school and a sub-district office.

***Dissemination of POPI survey results.*** The design and data collection of POPI surveys were implemented in FY 2012 and covered in the Second Annual Report. The results were presented at the Provincial OSS Forums that were attended by the respective provincial government officials as well as district-level OSS officials (see table below for detail). Unlike in the other three provinces, BITRA was not able to hold the POPI dissemination event before the end of FY 2012 due to changes in the provincial OSS leadership. In West Kalimantan, in addition to "regular" discussion of the POPI results, identifying best practices from which the others can learn, and formulation of action plans based on those, the provincial government provided awards to the three best-performing OSS in the province.

Venues and Participants of POPI Dissemination Events

| Province | Date | Location | Participants | |
|---|---|---|---|---|
| | | | Total | Female |
| East Java | Dec 22, 2012 | Surabaya | 54 | 18 (33%) |
| West Kalimantan | Dec 28, 2012 | Kubu Raya | 48 | 16 (33%) |
| South Sulawesi | Mar 26, 2013 | Pinrang | 50 | 11 (22%) |
| Aceh | Sept 30, 2013 | Aceh Besar | 42 | 9 (21%) |

As summarized in the table below, the main issue of business licensing is no longer the organizational aspect – there are only three districts in the four provinces that have not established OSS, and more than 90% of the OSS have high organizational status (led by at least echelon 3 officials). However, on the level of authority, particularly in South Sulawesi, there were still many OSS that were only authorized to issue a limited number of licenses – thus limiting the benefits to the private sector. In terms of quality of services, around 15% to 20% of the OSS in three provinces (other than East Java) still do not have SOPs and have not conducted the IKM, respectively. These areas of improvements are identified as the main interventions of the BEE component replication, in addition to improving the SOP further, such as through reduction of the time, costs and requirements to obtain licenses.

Key Findings of the POPI Surveys

| Key Indicator | Aceh | W. Kalimantan | E. Java | S. Sulawesi |
|---|---|---|---|---|
| % of districts with OSS | 90% | 85% | 94% | 92% |
| % of OSS led by echelon 3 or 2 | 100% | 100% | 94% | 96% |
| % of OSS that have high level of authority[11] | 61% | 57% | 65% | 26% |
| % of OSS that are authorized to issue five "basic" licenses[12] | 79% | 62% | 88% | 82% |
| % of OSS that have SOP | 85% | 84% | 97% | 84% |
| % of OSS that have conducted IKM survey | 78% | 64% | 85% | 42% |

[11] High level of authority means that the OSS is authorized to issue 20 types of licenses or more.

[12] These include building and nuisance permits (*Izin Mendirikan Bangunan* –IMB and *Izin Undang-Undang Gangguan or Hinder Ordonantie* – IUUG/HO), trade and industrial licenses (*Surat Izin Usaha Perdagangan* – SIUP and *Tanda Daftar Industri* – TDI) and company registration (*Tanda Daftar Perusahaan* – TDP).

| Key Indicator | Aceh | W. Kalimantan | E. Java | S. Sulawesi |
|---|---|---|---|---|
| "Top 3" OSS | Aceh Besar, Kota Banda Aceh, Langsa | Kota Pontianak, Kubu Raya, Bengkayang | Lumajang, Kota Malang, Sidoarjo | Pinrang, Luwu Timur, Kota Parepare |
| "Bottom 3" OSS | Aceh Tengah, Aceh Timur, Kota Subulussalam | Landak, Sekadau, Kota Singkawang | Magetan, Malang, Tuban | Takalar, Wajo, Bulukumba |

***OSS training of trainers (TOT).*** The TOT was designed to expand the capacity of provincial-level stakeholders in providing OSS development support in non-Kinerja districts and after the Kinerja program ends. The module for the TOT was developed by the Foundation, its local partners and the Education and Training Agency (*Badan Pendidikan dan Pelatihan* or *Badan Diklat*) of the Ministry of Home Affairs (MOHA) in May 2013. As summarized in the following table, the TOTs were conducted in four provinces. There were 107 participants of the four TOTs, with high participation of women (37% in total); most of them were local and provincial government officials and representatives of local NGOs, universities and the private sector. In September 2013, the module was further refined based on the implementation of the TOT and adjusted to align with MOHA Decree No. 2/2013 on Competence-Based Training. The module was submitted to MOHA at the end of this reporting period to be used in nationwide OSS training conducted by *Badan Diklat*.

Venues and Participants of the OSS ToT

| Province | Date | Location | Participants | |
|---|---|---|---|---|
| | | | Total | Female |
| South Sulawesi | May 20-23 | Makassar | 29 | 10 (34%) |
| Aceh | June 11-14 | Aceh Besar | 22 | 9 (41%) |
| East Java | June 24-26 | Batu | 26 | 11 (42%) |
| West Kalimantan | July 2-4 | Pontianak | 30 | 9 (30%) |

Furthering the benefit of Kinerja, the alumni of the TOT have started to play an important role in improving business licensing in the respective provinces. In South Sulawesi, two TOT alumni facilitated SOP formulation training (see discussion on OSS forum below) together with YAS. Three of the TOT alumni in Aceh, together with BITRA, organized the POPI dissemination workshop discussed above. In Simeulue, TOT alumni have been involved in the public service monitoring forum. The new head of the Aceh Provincial OSS indicated the availability of the TOT alumni in his letter to all of the district-level OSS in July 2013 to encourage them to review and revise their SOP for issuing licenses, as a response to the results of the POPI survey.

***Provincial OSS Forums.*** In addition to the dissemination of POPI discussed above, provincial OSS forums are the main modality to replicate good practices in Kinerja's BEE component. The replication of good practices to non-Kinerja districts discussed in the sections above resulted from information shared in the OSS Forums.

- *West Kalimantan*: two OSS Forums were held in this reporting period – in December 2012 (the POPI dissemination discussed above) and in May 2013. The latter was

attended by central government[13] officials and discussed the implementation of the GoI's initiative on Electronic Investment Information and Licensing System (*Sistem Pelayanan Informasi dan Perizinan Investasi Secara Elektronik*, SPIPISE) and overlapping licensing authorities among different levels of government in the mining and plantation sectors. One follow-up of this forum was an MoU between the administrations of Kubu Raya and Melawi to implement SPIPISE, signed in July 2013, facilitated by Madanika and the provincial government.

- *South Sulawesi*: In addition to the dissemination of POPI in March 2013, the Provincial OSS Forum was held in Sinjai in September 2013. The Forum mainly aimed to build the capacity of seven OSS in the province that are identified in the POPI survey as having weak procedures in issuing business licenses.[14] The staff of the provincial government's Organizational Bureau and YAS, as well as two OSS TOT alumni, led this training on SOP development.

- *Aceh*: Instead of utilizing the Forum for wider purposes, the OSS Forum here was only implemented to disseminate the results of POPI in September. However, based on the results of the POPI and discussion in the OSS Forum, the Head of the Provincial OSS sent a circular letter to all LGs on SOP development and improvement in July 2013, including encouraging the LGs to work with the alumni of the OSS TOT.

- *East Java*: Due to political challenges describe elsewhere in this report, the provincial government of East Java withdrew its official support for the establishment of a provincial OSS Forum. As such, the forum has not been active outside of the dissemination of the POPI results in December 2012. However, the PG replicated POPI in 2013, utilizing deconcentration funds they received from the national government. They added several questions on investment licensing, such as the numbers of investment-licenses authorized to the district-level OSS and implementation of SPIPISE. The data collection was completed and the data was validated at the end of this reporting period.

## 3.3 National Level Relationships

National replication is conducted through the Good Practices Database of the Kinerja University Network (UNfGI), the Autonomy Award Programs, national-level policy dialogue and cooperation with ministries.

**National-Level Policy Dialogue on Service Standard**

National-level policy dialogue on service standards aims to (1) provide relevant ministries/agencies with updates on Kinerja's approaches, programs and its most recent achievements, (2) to gain insights and supports for policy paper that Kinerja has developed as an input for the national policy on service standard, and MSS at local government level, and (3) to gain support and approval for Kinerja's good practices modules to sustain the program's approach.

[13] National Investment Coordination Board (BKPM) and the Ministry of Energy and Mineral Resources.

[14] These OSS are Sinjai, Bulukumba, Takalar, East Luwu, Bantaeng, Jeneponto and Luwu

This national dialogue will be conducted with the Ministry for State Administrative Reform (KeMenPAN), the Ministry of Education and Culture, the Ministry of Health and the State Administration Agency (LAN) and AusAID-LOGICA, which is replicating health MSS in Aceh.

By the end of the Kinerja program, this national dialogue is expected to produce the following outputs:

1. Kinerja's good practices modules are endorsed for national dissemination;
2. The modules are integrated into LAN's and technical ministries' training curriculum;
3. Kinerja's policy paper is utilized to develop MSS implementation policues at district level;
4. Cooperation with AusAID LOGICA is established to replicate health MSS to non Kinerja supported districts in Aceh.

Below are the details of activities and achievements in FY 2013:

| No | Planned Activities | Implementation | Outputs/Progress as of September 2013 |
|---|---|---|---|
| 1 | Finalize draft of modules on MSS at district and service delivery unit level | Yes | 3 modules:<br>education MSS<br>health MSS<br>advocacy and public oversight and media roles in public service delivery improvement |
| 2 | Establish cooperation with LAN to:<br>disseminate Kinerja's modules and good practices<br>integrate the modules and good practices into LAN's curriculum | Yes | Expert team from LAN was established<br>A four month work plan of the first year cooperation with LAN – for September to December 2013 was agreed<br>Options for the modules and good practices integration were discussed in Kinerja's meeting with LAN on Aug. 29 |
| 3 | Develop policy paper | At preparation stage | Policy paper theme was selected<br>This paper became the main issue at national dialogue on service standard |
| 4 | Hold national discussions on the policy of service standard implementation | At preparation stage | The plan of national discussion and expected supports from ministries were discussed with relevant ministries/directorate generals.<br>Further discussion will take place in November 2013 |
| 5 | Establish a cooperation with AusAID LOGICA to implement health MSS in all districts in Aceh | Yes | District facilitators of AusAID LOGICA and Kinerja's LPSS received trainings on health MSS e-costing<br>The district facilitators received trainings on Kinerja's advocacy approach to integrate MSS into local government planning and budgeting |

### *Lessons learned and Next Steps*

Ideas of this national policy dialogue were discussed intensively in Q3 and Q4 of FY 2013 because Kinerja's good practices and lessons learnt that are potentials to affect policies on service standard were observed in FY 2013. Therefore, the national dialogue will focus on the achievements as an evidence of Kinerja's impacts.

Referring to the progress as of the end of September 2013, the national policy dialogue is still at its initial phase.

Considering the lessons learnt from MSS program, Kinerja will focus the national policy dialogue on (1) policy paper development to support national policy on service standard implementation, particularly the MSS application by the local governments, (2) strengthening coordination with relevant ministries through regular quarterly meetings, (3) strengthening coordination with AusAID LOGICA to integrate health MSS into district planning and budgeting in Aceh, and (4) obtaining support from the provincial and central governments to sustain Kinerja's approaches in MSS application to non Kinerja's districts, especially the MSS integration into local governments' planning and budgeting.

## 3.4 Cooperation with Donors

Throughout FY 2013, Kinerja cooperated with five other donors to strengthen Kinerja's approaches in education, health, citizen journalism and minimum service standards, and to explore possibilities for wider replication. A number of encouraging achievements, including capacity building for local implementing organizations and the application of tools to improve public service, have been made through this cooperation.

**World Bank**

During the reporting period, Kinerja used the World Bank's tool for Reporting and Information Management by schools (TRIMS) to maps school conditions and achievement of MSS. The tool was introduced to 60 Kinerja's partnering schools in three round 2 districts: Bener Meriah (Aceh), Barru (South Sulawesi) and Singkawang (West Kalimantan). A number of related activities, including a series of trainings and the involvement of Kinerja's DEOs and school principals as resource persons in regional and national workshops, were conducted to explore possibilities to disseminate the tool. At the initial phase of this tool's adoption, the World Bank provided six consultants to local partners to facilitate any TRIMS related activities.

The outcome has been impressive. Acknowledging the benefits TRIMS offered in promoting accountability and transparency of educational data and assisting schools develop their work plans, the district administration of Bener Meriah rolled out TRIMS training 101 schools and Kota Singkawang replicated it to 145 schools.

In addition, Kinerja will implement this TRIMS package to 60 schools in its round 1 districts in West Kalimantan (Bengkayang, Melawi and Sekadau) in FY 2014.

Kinerja also worked with the World Bank to revise the BOSP formula in Kota Banda Aceh, to prioritize smaller schools as per the district government's request. The World Bank provided technical training for Kinerja's IO Gerak to develop a formula-based BOSP with DEO, Bappeda and school representatives. Kinerja supplemented this technical work with public discussions to share the results of analysis and to build links between the community and the DHO and Bappeda.

### Ford Foundation

Following the success of the adolescent reproductive health education pilot in Bondowoso, Kinerja's IO YPK received funding from the Ford Foundation to replicate the health package in five non-Kinerja districts: Bangkalan (East Java), Serang (Banten), South Jakarta (DKI Jakarta) and Tasikmalaya (West Java).

### AusAID-LOGICA

As mentioned in the section above, Kinerja forged an agreement with AusAID LOGICA to roll out a province-wide service standard training program in health in Aceh. As per the agreement, Kinerja continued its technical assistance on health MSS costing in its five districts: Aceh Singkil, Bener Meriah, Banda Aceh, Simeulue and Aceh Tenggara and with LOGICA delivering similar assistance to the other 18 districts in Aceh.

LOGICA conducted training on MSS e-costing for its district facilitators and Kinerja's LPSS. In Q4 of FY 2013, Kinerja held trainings for field staff on how to conduct advocacy with MSFs and DPRK. Following this training, district facilitators and LPSS developed work plans to further advocate for MSS integration into the FY 2014 district budgets in Aceh's 23 districts.

### BASICS-CIDA

Following up on an agreement with BASICs-CIDA in early March, Kinerja supported JURnal Celebes to conduct two ToTs on Citizen Journalism in Manado, North Sulawesi and Kendari, Southeast Sulawesi at the end of April. Sixteen people were trained in Manado and 22 more were trained in Kendari. After the ToTs, citizen journalism trainings for BASIC's partner CSOs were held. The first training was held in Kota Bitung, North Sulawesi on June 21–22, in which 20 people (nine of whom were women) participated. The next training is slated to be held in Wakatobi, Southeast Sulawesi in FY 2014.

BASICS also recruited Kinerja's IO Kopel to conduct a TOT on complaint surveys for its partner CSOs in North and Southeast Sulawesi in Q2 of FY 2013. Prior to the survey, Kinerja conducted two refresher trainings focusing on MCH and education for Kopel to provide high quality technical assistance.

### ProRep

Kinerja also collaborated with USAID's ProRep program to use citizen journalism to help make political parties and elected representatives more responsive to citizens' demands. ProRep worked together closely with Kinerja's Media Specialist and with Kinerja IO JURnal Celebes to conduct a training on Sept. 26–29 in Bogor, West Java. Sixteen individuals from ProRep's CSO partners participated in the training, ten of whom were women. As ProRep heard during the closing session, the participants found the training very engaging and useful and their evaluation forms rated it quite highly. ProRep anticipated at least one other training may be required early next year for more CSO partners, and planned to consult with Kinerja on the best approach.

## 3.5 UGM University Network

Gadjah Mada University (*Universitas Gadjah Mada* – UGM) in Yogyakarta was selected as Kinerja's partner to implement Kinerja's knowledge management activities and facilitate replication by capturing and analyzing good practices in Kinerja's core sectoral and governance

innovations. Together with Syiah Kuala University (UNSYIAH) in Aceh, Airlangga University (UNAIR) in East Java, Tanjungpura University (UNTAN) in West Kalimantan, and Hasanuddin University (UNHAS) in South Sulawesi, the University Network for Governance Innovation (UNfGI) was established to conduct research, publish related works, and to integrate empirical evidence on improved public service delivery in the curriculum and research of universities and to lobby for the wider replication of these good practices to decision makers on regional and national level through the wide university network.

During the reporting period, UNfGI documented a total of 114 good practices and published them on the UNfGI website (http://www.igi.fisipol.ugm.ac.id/).

| Activity | Quantity |
|---|---|
| Collaborative Research 1 | 17 cases |
| Student Research Competition | 34 cases |
| Article Writing Competition 1 | 25 cases |
| Article Writing Competition 2 | 28 cases |
| Collaborative Research 2 | 10 cases |
| Total | 114 cases |

Six important points were extracted during the documentation of good practices from Kinerja's direct interventions: The background and context of the program and the urgent need for reform; the initiation, implementation and institutionalization process; monitoring and evaluation; the emergence of positive achievements in terms of substance, institutionalization and systematic adoption; the role and intervention of Kinerja; and opportunities for further replication and sustainability of the program.

The diversity of themes and regional contexts are designed to inspire other regions and to offer good practices best suited to their unique situations.

**Policy Briefs and Documentation**

Extending from the various research and documentation efforts, UGM supported the development and publication of policy briefs based on the most interesting innovations. These policy briefs were divided into two broad categories – those aimed at internal improvements and those aimed at broader replication. The former type of policy brief outlined a specific problem and provided policy guidance on potential solutions for use at the district level, while the latter went on to also include a number of preconditions that should be met or at least taken into account for a successful replication effort by national actors.

A number of books have been compiled on education, health, business enabling environment and good governance and distributed to various stakeholders such as to government agencies and universities to serve as models for replication and instructional material, respectively.

In the process of developing instruments for further replication, Kinerja has learned that s**pecific content and context are crucial.** The documented good practices are specific cases that have a very diverse range of dynamics to consider. Policy briefs based on field research are rooted in a particular context and set of preconditions, and their use for further replication needs to take these considerations into account.

**UNfGI Website**

UNfGI's website, which serves as a reference and a means of sharing information on good practices in public services, has recorded 28,354 unique visitors since its establishment in January 2012. The website – which houses an interactive database of good practices, a library of available information (booklets, modules, handbooks, journal articles, etc.) and posters from UNfGI activities – received 2,137 visitors in the final quarter of FY 2013.

Although the partnership between Kinerja and UGM came to an end in the final quarter of FY 2013, an agreement was reached whereby the website and all of its content would continue to be maintained through the duration of the Kinerja program. In addition, many of the good practices are also accessible via the Kinerja website.

**National Innovation Summit**

In addition to its efforts to document and disseminate good practices, UGM organized a seminar/summit of good practices on Nov. 28–30, to highlight 12 good practices in public service delivery. Among the practices discussed, nine had received Kinerja support and high level representatives from these regions proudly shared their good practices.

1. "Local Good Governance to Improve Maternal and Child Health System in Sambas", presented by district head Dr. Hj. Alwi Julia Dj. Alwi MPH.
2. "OSS in Simeulue", presented by Simeulue District Head Drs. Riswan N.S.
3. "Adolescent Reproductive Health Education and Early Marriage Prevention Campaign in Bondowoso", presented by Bondowoso District Head Drs. H. Amin Said Husni.
4. "Good Practices in Reducing Early Marriages in Bondowoso" by Zumrotin K. Susilo from the IO Women Health Foundation.
5. "School-based Management in Probolinggo", presented by Mrs. Rukmini, the head of school in Maron Wetan and Pak Asin, the head of sub-unit on basic education in Kota Probolinggo.
6. "The Role of Media in Improving Public Services", presented by *Jurnal Celebes* in Makassar.
7. "Proportional Teacher Distribution (PTD)", presented by Drs. H. Mustamin Makassau, the head the education unit in Luwu Utara.
8. "The Role of Multi-Stakeholder Forum (MSF) in Improving Health Services", presented by Drs. Burhanudin, the head of MSF in Sambas.
9. "The Role of Multi-Stakeholder Forums (MSF) in Improving Proportional Teacher Distribution (PTD)", presented by Muhammad Rizal the head of MSF in Luwu Utara.

Speakers included figures from central government ministries, academia, civil society and USAID. UNfGI partners and Kinerja also prepared an information fair, where the 372 participants (230 men/142 women) could discuss issues with Kinerja and IO staff. Kinerja set up a booth with informational material, a slide show and hand-outs so that interested participants could collect more in-depth information on Kinerja programs and other good practices.

The seminar proved to be a very effective forum for innovative local governments to meet and share their good practices, and it inspired local leaders to copy a number of successful initiatives from other districts. For example, the mayor of Singkawang, West Kalimantan showed interest in the Adolescent Health Program. UGM and its network was congratulated

for its success in attracting academics and students, but was also reminded that the target group of Kinerja remained local governments. UGM was advised to work with provincial governments for future good practice summits to ensure that their messages will reach out to local governments.

**Capacity Building**

UNfGI activities aimed to further develop skills in research, publications, and advocacy. Directly strengthening the academic community became an important base of innovation and the development of good practices, especially given their roles in reviewing draft government policies. Efforts to build research capacity included the training of lecturers, researchers and students of UNfGI members' universities for collaborative research activities and student research competition and competition research grants through the call for papers.

During the two rounds of collaborative research, 34 researchers and faculty members of UNfGI received intensive on the job training on how to do thorough analytical research of good practices. UGM also trained senior academics in each university to supervise the student research during the student research competition, in which a total of 91 students were trained. In this context, capacity building includes the introduction of instruments, techniques of data mining, data analysis and reporting.

## 3.6 JPIP/FIPO/PPIP Pro Autonomy Awards

Throughout FY 2013, Kinerja supported autonomy awards programs in East Java, South Sulawesi and West Kalimantan in order to acknowledge good practices and innovations made by local governments in wide range of categories, such as public service delivery in health and education, innovations in economic development and public participation, and to spur the further innovation in these areas through regional competition.

Since its inception in 2001, the award program run by the Jawa Post Institute of Pro-Otonomi (JPIP) in East Java has become a prestigious event, drawing ministerial level participants and keynote speakers. Through a grant to JPIP, Kinerja aimed to strengthen the similar programs run in South Sulawesi by the Fajar Institute of Pro-Otonomi (FIPO), and to establish such an award program in West Kalimantan by the Pontianak Post Institute of Pro-Otonomi (PPIP).

In conjunction with the 2012 awards ceremony, held on Oct. 6, Kinerja provided an exhibition booth to publicize its technical assistance to districts East Java. Kota Probolinggo was among the winners of the JPIP Autonomy Award, and other partner districts received nominations. Coordinating Economic Minister Hatta Rajasa, State-Owned Enterprise Minister Dahlan Iskan, Education and Culture Minister M. Nuh, Deputy Environmental Minister M.R. Karliansyah and then East Java Governor Soekarwo were among the high-profile guests at the 2012 awards ceremony.

Despite encouraging progress at the outset, progress in establishing an autonomy award program in West Kalimantan came to a halt in the early part of FY 2013 as local political attention shifted to the gubernatorial election. However, the post-election environment proved much more conducive and JPIP signed an MOU with PPIP and the provincial government on Feb. 20. The provincial government also showed its support to this program by allocating a considerable amount from their own funding. This was an important breakthrough as it not only provided a firm foundation for the future of the awards program, but also because it allowed for continued progress of the JPIP's internship program, through which PP staff had been trained.

A follow-on grant to JPIP/FIPO was approved in May 2013, to support the implementation of the PP Award Program through funding most of its research and public surveys. The grant included funding to support the autonomy awards ceremonies, the seminars and the knowledge management center for all three partners. PPIP and JPIP formed a special team to plan the research part of the award program in West Kalimantan, and involved various universities in Pontianak, including the University of Tanjungpura and Muhammadiyah University.

In mid-June, JPIP/PPIP held a two-day training on how to set up parameters and monitoring indicators to increase the capacity of the Pontianak Post team as organizers of Otonomi Awards in West Kalimantan. In July to September, JPIP/FIPO/PPIP disseminated the parameters and monitoring indicators, conducted intensive field studies and implemented public perception surveys.

Following extensive field research, public perception surveys and a plenary meeting to select the winners of its 13 categories, FIPO held its Autonomy Award night in Kota Makassar, South Sulawesi on Sept. 14, 2013.

As outlined in the text box in the previous chapter, a Kinerja-supported program in Luwu Utara called Warung Demokrasi won the award for the best innovation in public participation. Supported by Kinerja's media IO Jurnal Celebes, Warung Demokrasi was recognized as a breakthrough in public participation because of its regular public discussion forums held in a café and aired live on local radio station Adira FM. A number of local government decision-makers, including the deputy head of the district and members of local legislative council, joined journalists and community members each week to discuss public service issues, such as the local budget review and proportional teacher distribution.

Political and Economic Officer of the United States Consulate General (*right*) and Kinerja Chief of Party (*right*) pose with award- winning representatives from Luwu Utara (*center right*) and Pare-Pare (*center left*).

After making considerable progress this year, the inaugural PPIP Autonomy Awards ceremony is slated to be held in December 2013. PPIP will design a special award from USAID Kinerja for the best public service category in education, health or business enabling environment. PPIP will also conduct a national seminar in the afternoon preceding the award ceremony in the evening, focusing on local government performance in West Kalimantan after over 10 years of autonomy.

## 3.7 IO Capacity Development

Throughout program implementation, Kinerja has observed that a number of its IOs lack key organizational, grants management and other technical skills that affect their ability to provide top-quality technical assistance to service delivery units and local government partners.

Kinerja has worked to address these needs as they arose with tailored training, mentoring support and other forms of assistance. For example, consortium partner TAF conducted an evaluation of BEE activity implementation in the first year and clearly identified a need to refresh IOs' technical knowledge and capacity to understand local political dynamics. As a

result, a three-day training was held in early February 2013 in Surabaya, which 20 representatives (five of whom were women) from TAF's four IOs attended.

In further responding to these needs for capacity development, Kinerja established a Capacity Development Task Force (CDTF) in early 2013 to improve the quality of technical assistance provided through the program and to support high-performing IOs graduate to the next level of assistance and become eligible to receive USAID funds directly. The CDTF also guided the preparation of replication products to serve IOs and provincial level agencies wishing to support replication efforts in their districts and national agencies that wish to facilitate replication nation- wide.

The Replication Package comprises the following elements (1) Implementation Guide, (2) Training Module, (3) Good Practice Document (4) Information on resource needs, contacts and timing. In order to ensure capacity building efforts moved forward in a systematic manner, the task force coordinated the development of 20 modules resulting out of Kinerja experience on topics including education, health, BEE, governance, organizational development, finance and administration as well as grants management. These modules will be completed in the first quarter of FY 2014 and be piloted in early FY 2014 before they are used by IOs during their consolidation and replication efforts. As mentioned in section 2.4.3, LAN who is presently opening a new curriculum with a focus on empirical and evidence-based use of good practices has started to explore how Kinerja innovations can be integrated in the training packages of LAN and the Home Ministry (BEE).

Anecdotally, IOs have commented that Kinerja's assistance thus far has improved their ability to network with related government offices and agencies, their ability to develop long-term strategies and financial plans, and to more effectively manage administrative matters. Kinerja expects these modules to further consolidate these important achievements.

# 4. Project Management

## 4.1 First- and Second-Round Grants

Kinerja aims towards sustainable development by developing local capacity to implement the Kinerja innovation packages and does this implementing its programs through local CSOs. At the end of this reporting time, a total of 42 grants had been implemented. In round 2 alone, 22 grants (plus 4 follow on TAF grants) were implemented (for details see Annex A-6).

Like the first round of grants, these grantees received initial capacity development through orientation workshops and in-depth technical and administrative/financial briefings. The IO workshops introduced the tools and methodologies that would be used in implementing Kinerja packages and discussed the IO work plans in detail. The workshops also introduced the Kinerja activity reporting system and familiarized participants with the report information they are required to provide, as well as the indicators used by Kinerja to assess program achievements.

During round 1 grant implementation, Kinerja was working with national and province level CSO. In the implementation it became apparent that many of these organizations lacked management capacity and had problems in overseeing district level implementation in many of the remote regions where Kinerja is working. As a result of this during round 2, Kinerja tried to as much as possible identify CSOs on district level. The downside of this was that their capacity was often weak and they needed a lot of additional backstopping, which was achieved

through regional short – term experts (STTA) and frequent mentoring and on-the job training. Nevertheless progress was slower than expected.

Following the direction of the RIG Audit, Kinerja extended the round 2 grants by an additional year. At the time of reporting, follow on grants for a total of 19 IOs are being prepared for approval: Five education grants, six health grants, four BEE, Media/Pro Autonomy Grants, plus additionally four grants to support district level MSF.

During Q4 of FY 2013, Kinerja issued a Request for Application (RFA) for the MSF program and selected four IOs in four provinces for award process. In September 2013, Kinerja also invited 10 current IOs to submit proposals for additional activities and funding to strengthening their programs.

During FY 2013, nine new grants were awarded, consisting of three grants for education sector, one grant for health sector and five grants for media sector. In this fiscal year, all grants for round-1 (total ten grants) and five grants for round-2 finished their project performances. Unfortunately, one of grant needed to be terminated due to lack of performances. In addition to Kinerja direct managed grants, The Asia Foundation, Kinerja sub-awardee, there were four grants awarded.

### 4.2 Cost Share

Kinerja over achieved its target for this year. The majority of this was received through local government contributions. The total cost share commitment achieved to date is 68% of the total Kinerja period cost share commitment.

Kinerja will provide an updated cost share plan to USAID in the next quarter along with a revised budget proposal following the directions from the RIG Audit.

## 5. Challenges and Next Steps

In the implementation of earlier annual work plans, Kinerja identified several challenges that could impact program implementation.

Ongoing local, provincial and national elections present both challenges and opportunities for the Kinerja program. As campaigns heat up, solidifying reforms in the delivery of public services becomes a way for incumbent candidates to polish their credentials and shore up voter support. However, the elections create a major distraction for many officials at the district level, and the expected turnover of key government staff in the post-election timeframe, is potentially disruptive to the implementation and replication of Kinerja's packages. Kinerja aims to adjust its advocacy strategy accordingly, encouraging citizen journalists to highlight public service delivery as a key campaign issue.

As previously alluded to, the short duration of the project, in view of the overall mandate, creates challenges as well. Ensuring the consolidation and long-term sustainability of reforms achieved in round 1, as well as implementing a second round of reform packages, while also trying to replicate these interventions to new districts in just under a four-and-a-half years presents a concrete challenge, especially for civil society partners who are expected to take on additional responsibilities under the replication phase of the program.

The addition of the second grant in Kinerja treatment districts has required the development of new relationships, which take time to reach maturity, with key stakeholders on both the supply

and demand sides. Throughout FY 2013, Kinerja continued to work on consolidating gains where partner districts showed commitment and on replicating good practices to additional service units within target districts or to new districts outside the original intervention areas.

The program's focus on working through civil society organizations has occasionally been placed at odds with its performance goals, due to the low levels of capacity among Indonesian civil society organizations. While Kinerja has taken great efforts to build the capacity of its partner CSOs, the levels of training required have occasionally slowed implementation progress toward key goals.

High turnover of partner staff continues to be an issue. The retirement or transfer of champions for development , represents a potential setback in terms of cooperation with government partners and the replication of good practices from the program.

# 6. Monitoring and Evaluation

## 6.1 Social Impact: Quantitative Monitoring and Evaluation

### *6.1.1 Summary*

In Fiscal Year (FY) 2013, the Kinerja M&E Team completed planned activities and routine monitoring, data collection, and reporting. The team met with Kinerja field staff, implementing organizations (IOs), and local government partners to discuss the ongoing assistance provided by Kinerja and to oversee its implementation. The Team Leader and M&E Specialists, in the later quarters of FY 2013, attended national, provincial, and district-level meetings[15], ensuring that planned activities related to Kinerja's results framework and that completed activities were documented with evidence. M&E Specialists facilitated workshops and trainings for IOs and district staff to clarify indicators and means of verification to report achievement against performance targets. The team also conducted a Midterm Evaluation of Kinerja's performance during the first year of implementation as well as an Impact Assessment of 1) the Kinerja School-Based Management (SBM) package in two Kinerja districts and 2) Kinerja's progress against results chains outlined in the Performance Management Plan (PMP). The results from these two assessments were discussed with USAID and have been carefully considered in program planning for FY 2014 and FY 2015. Upon completion of these two critical midterm program assessments and the FY 2014 Annual Work Plan, the M&E Team also conducted a scheduled review of activity and replication indicators.

The M&E Team faced challenges throughout the fiscal year. Main challenges included data verification of reported achievements, timeliness of IO reporting, confusion over complex indicators and means of verification requirements, and M&E Team staffing. The USAID Regional Inspector General also identified these challenges as part of the findings of a performance audit of the Kinerja program, conducted in June and July of 2013. Two auditors reviewed and analyzed Kinerja program implementation and performance data for randomly selected indicators. In September, they provided preliminary findings and recommendations for the M&E Team. Formal findings are expected to be released in November.

In order to address challenges related to data quality and monitoring of progress against Kinerja's performance indicators, the M&E Team drew on lessons learned over the course of

[15] One national meeting, one provincial meeting, and four district meetings.

the fiscal year and through the audit findings to make significant revisions to its standard policies and procedures. Social Impact (SI) also changed the structure of the M&E Team, including a restructuring of workload responsibilities and the hiring of a new M&E Team Leader. The M&E Team implemented additional corrective measures to address identified challenges and to ensure that the Kinerja program team received information necessary for program management and planning. These measures are detailed below, but included conducting a complete internal audit of performance data; delivering refresher trainings for IOs, detailing the use of the reporting system and means of verification for achievements; improving M&E policies and procedures for data collection and verification; and increasing the frequency of communication between the M&E Team and Kinerja IOs and district/provincial staff.

The M&E Team outlined planned activities for FY 2014 (October 2013–September 2014) in the Annual Work Plan and considered lessons learned from FY 2013. The team will focus on providing improved program monitoring and oversight of data collection and verification for the extended second-round grantees. The team will also plan and conduct the SBM endline and begin analysis of secondary data for the overall Kinerja impact evaluation.

### *6.1.2 Internal and External Evaluations*

The **Midterm Evaluation (MTE)** provided information on Kinerja performance based on the first-year's intervention from program inception through December 2012. The MTE was conducted by Social Impact (SI) and SMERU Research Institute, who were responsible for collecting quantitative and qualitative data, respectively. The MTE was designed to investigate Kinerja's implementation, progress, achievements, and challenges and ultimately sought to answer process-oriented questions - namely, why or why not the program has been effective in reaching its targets. To reach this goal, SI and SMERU focused on six key evaluation questions and associated sub-questions. They collected data in twelve Kinerja districts. Methods combined in-depth interviews with key stakeholders at the district level and at the service delivery unit (SDU). Individuals at the school and community health center levels were also interviewed. Following data collection and analysis (completed in December 2012), the M&E Team, along with SMERU, presented findings, conclusions, and recommendations to USAID and the Kinerja team. The final report, addressing all comments and revisions, was submitted to USAID in April 2013.

Findings and key challenges identified in the MTE informed FY 2014 Kinerja program planning. The program, for example, has increased its emphasis on engagement with district and provincial governments because of the MTE finding that the performance of the program seems to be better in areas in which the implementer has strong local staff and a supportive local government or SDU partner. Furthermore, there is a perception that strong local government or regulatory support also helps ensure program sustainability. The evaluation, in addition, found that IOs did not have sufficient technical capacity to carry out the intervention for which they received the grant, leading the program team in FY 2014 to plan additional capacity building activities for implementing partners and also to lengthen the time of "consolidation" for Round 1 and Round 2 interventions.

The **Impact Assessment**, organized by Social Impact, was completed by *Solidaritas* in May 2013. The purpose of this study was to provide information to USAID on progress against Kinerja's results chains and the plausibility that this progress could yield impacts later in the project period. The report first identified key achievements along the existing results chains for

the five main Kinerja packages.[16] Second, the report provided a qualitative assessment examining the application of School-Based Management (SBM) in a subset of partner primary and middle schools in Kabupaten Melawi and Kota Probolinggo. The systematic, qualitative assessment integrated existing program data and documents with new primary data. The findings of the assessment were submitted to USAID in June 2013.

Kinerja program planning for FY 2014 also considered findings and key challenges identified in the Impact Assessment. The findings from this assessment related to the SBM intervention, for example, indicated that participants at the district and school level identify the importance of SBM and value Kinerja's support in this process. If the improved planning and budgeting processes continue to be applied in future years, the assessment found that there will be a real possibility of impact. However, despite these positive results, a majority of respondents identified the benefit from the Kinerja program in terms of resources like physical infrastructure rather than learning processes. In combination with requests for financial support, many participants also expressed the need to continue Kinerja support. The Kinerja team, in response to these findings and similar program assessments of progress on SBM, extended support for Round 1 and Round 2 SBM interventions while reducing the initial program focus on replication.[17]

The USAID Regional Inspector General initiated a **Performance Audit** of the Kinerja program in Quarter 11 of FY 2013. Two auditors reviewed and analyzed the M&E plan and reported evidence to date. The M&E Team provided supporting data for quarterly and annual reports requested by the auditors and clarified the revised M&E policies and procedures regarding data quality and security. The audit team identified three main causes for data discrepancies in the Kinerja program's reported achievements in Quarter 9 and Quarter 10[18] of FY 2013. First, the M&E Team encountered difficulty in maintaining effective management throughout FY 2012 and the beginning of FY 2013, leading to limited oversight of data verification. Second, the team faced several challenges in collecting and verifying supporting documentation for Kinerja achievements. Due to the complex management structure of Kinerja and the complex reporting systems, there was often a delay in logging achievements. Third, the M&E team had to coordinate data collection and verification amongst partners and Kinerja staff with varying levels of understanding of 1) M&E requirements and 2) the M&E Team's role within the Kinerja program. Consequently, Kinerja achievements were counted for audited indicators that did not have sufficiently strong supporting evidence.

The team, in the final quarter of FY 2013 and the first quarter of FY 2014 implemented detailed action steps, including but not limited to the following, to address all identified M&E system weaknesses:

- Completed an Internal Performance Data Audit, detailed below
- Hired a new Team Leader
- Updated and refined Kinerja M&E policies and procedures
- Coordinated revisions to the online reporting system to develop a quarterly, indicator-focused online reporting system to supplement the monthly narrative reporting

[16] Maternal and Child Health (MCH), One Stop Shops (OSS) for Business Licensing, Proportional Teacher Distribution (PTD), Educational Unit Operational Cost Analysis (BOSP), and School-based Management (SBM).
[17] For detailed results on each of Kinerja's packages, please see the Impact Assessment.
[18] The audit focused on random quarters and indicators, selected by the audit team.

- Initiated monthly meetings with Kinerja Technical Specialists to discuss achievements to-date and challenges to data collection
- Increased the number of spot checks conducted by the M&E Specialists and the Team Leader per quarter

The M&E Team conducted a complete **Internal Performance Data Audit** in the final quarter of FY 2013. Since the Performance Audit only focused on random indicators and quarters of Kinerja's performance, the Social Impact M&E Team followed this audit with a complete review of all performance data and M&E data collection methods. In the course of this audit, which included visits to the field to collect evidence and an extensive database cleaning exercise, the M&E Team identified several inaccuracies in reported performance data versus verified evidence in FY 2012. These discrepancies resulted from double-counting of achievements, incorrect placement of achievements in Kinerja quarters, inaccurate reporting of program activities (instead of program outputs) as achievements, and low-quality evidence (for example, draft regulations instead of signed regulations).

Total achievement numbers reported in FY 2012 were updated according to Social Impact and USAID data standards, and the M&E Team is planning to submit an updated midterm evaluation achievement table (covering program inception through December 2012) to USAID in the first quarter of FY 2014 to account for these adjustments. This update will include a detailed explanation of any achievement total changes.

### *6.1.3 Measuring Kinerja's Achievements*

During this reporting period, the M&E Team recorded key performance indicator achievements and analyzed under and overachievement. Of the seventeen USAID governance indicators and Kinerja activity indicators, the Kinerja program reached its targeted achievements in 6 indicators and made significant progress in another 10 indicators.[19] Kinerja's many program activities in the last year, described in this report, led to progress in sub-intermediate and intermediate results outlined in the Kinerja program results chain (See Annex A-4).

Kinerja partner service delivery units and district governments adopted and formalized improved service delivery models and approaches throughout the year. Kinerja partner service delivery units institutionalized over 200 Kinerja service delivery practices, ranging from formalized midwife and traditional birth attendant partnerships in partner *puskesmas* to school planning and budgeting documents that were made publicly available to increase accountability and transparency in partner schools (Indicator 8, 15, and 16). Kinerja district governments adopted service delivery models a total of 50 times, revealing further supply side progress (Indicator 5). In the last quarter of this reporting period alone, Kinerja district governments formalized 21 regulations including the formal adoption of the Kinerja MSF model in Kota Singkawang. Additionally, Kinerja implementing organizations supported service delivery units (schools, *puskesmas*, and district health and education offices) in completing service charters and technical recommendations as a result of complaint surveys. Kinerja exceeded targets for the formalization of these documents, which reflects improved and increased stakeholder engagement with service delivery units and responsiveness of service delivery

[19] There was no progress recorded for Indicator 17. See the Achievement Table in Annex A-2 for remarks on this status.

units to beneficiaries' complaints and feedback. All complaints noted on service charters by service delivery units were addressed in FY 2013 (Indicator 11).

Incentive systems for improved local government service delivery have been strengthened in the last year. Many achievements in this reporting period related to the establishment and use of communication channels for local governments and their constituents (Indicator 9, 10, and 12). For example, three *puskesmas* in Aceh formally established a complaint handling system that allows *puskesmas* beneficiaries/customers to file complaints about service delivery (Indicator 9). In South Sulawesi, the district of Luwu Utara established a team that receives and handles complaints (Indicator 9). There were Provincial OSS Performance Index (POPI) surveys implemented in the four Kinerja provinces, promoting the improvement of OSS performance (Indicator 10). Seventy linkages between CSOs, public service users, and government actors were established that actively oversee the provision of services in Kinerja districts (Indicator 12). These linkages include active school committees in Kinerja partner schools, sub-district multi-stakeholder forums, and district multi-stakeholder forums. These linkages assist in channeling constructive demands from service users to service providers.

Kinerja assistance in this reporting period also led to the increased dissemination of information on local government responsibilities and performance in Kinerja districts. 11 non-media civil society organizations reported on local government performance (Indicator 13). For example, Kinerja partner Yayasan Daun in Aceh reported on the quality of education in the district of Aceh Singkil, recommending that the government more carefully and rigorously assess and select qualified teachers for district schools and also improve facilities. Kinerja-trained citizen journalists also contributed to the dissemination of information on district government performance, writing/producing 143 articles/media products (Indicator 14). Articles appeared on public blogs, websites, and in newspapers, and media products (for example, talk shows) reached listeners in many Kinerja districts, such as Bulukumba.

Kinerja partners also continued to replicate Kinerja good practices in Kinerja districts and non-Kinerja districts. In the final quarter of FY 2013, Kinerja finalized its replication strategy, adjusting its approach based on USAID and audit feedback by shifting focus to consolidation in Kinerja's current districts and replication within Kinerja provinces. As a result of the strategy adjustment, the PMP requires adjustment in the first quarter of FY 2014. The achievement table included in this annual report, therefore, does not include a tally of replication progress and will report all replication efforts against adjusted and approved replication indicators (and targets) starting in the first quarter of FY 2014.[20] Component sections of this annual report, however, describe recorded replication progress made regarding improving the capacity of organizations to support local governments and improving regulatory environments for larger scale adoption of good governance practices.

Indicator-by-indicator achievement is displayed in Annex A-2. Kinerja underachieved in 10 indicators, as mentioned above. The M&E team assesses that the majority of the underachievement is a result of the following:

1. Kinerja component strategy adjustments throughout FY 2013, leading to the implementation of interventions or good practices either not targeted in the PMP or over-targeted in the PMP. For example, in the health component there was a mid-year

[20] Replication indicators are targeted yearly, but the Kinerja M&E team will report replication progress quarterly for the duration of the Kinerja program so that progress can be assessed.

strategy change that saw Kinerja re-focus its efforts on the adoption of SOPs specifically related to governance, excluding technical SOPs that had been originally targeted. Underachievement for many indicators is, therefore, explained and justified by annual and quarterly reports that note program adjustments.

2. Implementing partner's varying capacity levels, resulting in on-target progress in some districts and provinces and significant underachievement in other districts and provinces. Implementing organizations generally have low technical and managerial capacity, as noted in the Midterm Evaluation.[21]
3. Insufficient M&E capacity and clarity on indicator definitions, causing delay in data collection and verification and gaps between program progress and M&E monitoring.

Kinerja has achieved 5 of its targets for FY 2013.[22] Kinerja overachieved 3 of the 4 USAID *Governing Justly and Democratically* indicators showing success in the promotion of local mechanisms for citizen engagement with government entities and in advocacy by civil society organizations associated with Kinerja. Indicator 6, 7, and 8 overachieved largely because Round 1 implementing partners and partner government units completed activities in the first quarter of FY 2013 after a slow start in FY 2012.

### *6.1.4 Lessons Learned and Steps Forward*

Based on FY 2013 field visits, data collection, and audit findings, there are several recommendations proposed by the Kinerja M&E Team to make the M&E system more robust in FY 2014. These recommendations include, but are not limited to the following:

- Complete intensive monitoring for the newly contracted IOs to ensure timely and complete submission of deliverables (including monthly reports);
- Attend all local district (LPSS) and national planning meetings;
- Complete, together with Kinerja Technical Specialists, a review of the main Kinerja Program's PMP activity and replication indicators. Replication indicators will be clearly defined (definitions and targets) and activity indicators will be considered individually for relevance and clarity;
- Conduct a dissemination or and training on replication indicators and relevant activity indicators for Kinerja staff and IOs to ensure understanding of PMP revisions and to improve data collection and data quality;
- Increase cooperation and coordination between the M&E and the Grants Team to improve administrative processes of deliverable collection;
- Report both verified achievements and progress toward achievements to account for delays in data collection due to remoteness and IO capacity;
- Present monitoring information and feedback to the program team after spot checks, field visits, and monthly data verification; and
- Increase accountability and transparency of data by completing regular spot checks with Social Impact Headquarters and random spot checks with Kinerja (RTI) program management.

The M&E Team has outlined planned activities for FY 2014 (October 2013–September 2014). All recommendations noted above, in addition to regular planned activities, have been

[21] Submitted March 2013.
[22] These results will be compared to FY 2012 achievement totals after the re-submission of the Midterm Evaluation in November 2013.

incorporated into the M&E FY 2014 Work Plan. The team will provide improved program monitoring and oversight of the online reporting system and data collection for the extended second-round grantees. The M&E Team will maintain responsibility for data entry of performance data into the indicator database, the online reporting system, and the Kinerja achievement tables in scheduled reports.

In addition to these ongoing activities, the M&E Team will monitor and train[23] on Kinerja replication indicators based on an adjusted consolidation and replication strategy. The replication indicators and strategy, finalized in FY 2013, will be carefully monitored by the M&E Team in FY 2014. Finally, the M&E Team will begin planning for the completion of 1) the quantitative impact evaluation and 2) the SBM end-line. The assessment of secondary data for the overall impact evaluation will begin in FY 2014 after the release and purchase of SUSENAS and RISKESDAS datasets. The data collection for the SBM end-line will be conducted in the final quarter of FY 2014 and the first quarter of FY 2015 (September and October 2014).

## 6.2 SMERU: Qualitative Data Collection

### *6.2.1 Summary*

In FY 2013, SMERU's activities focused on two studies: the Mid Term Evaluation (MTE) and the Implementation of Kinerja Support on Service Standards study. The MTE was conducted from September to December 2012. The Implementation of Kinerja Support on Service Standards study was conducted from May to July 2013.

### *6.2.2 Evaluations*

For the Kinerja MTE, SMERU provided information on project performance, addressing the questions of why (or why not) and how the Kinerja project has been effective in the first years of implementation. The study, more specifically, was designed to answer six evaluation questions:

1. To what extent has Kinerja met its stated performance targets
2. What aspects of Kinerja do key stakeholders value the most;
3. What primary challenges has Kinerja encountered;
4. What are the prospects for sustainability of Kinerja benefit streams;
5. What programmatic or managerial adjustment would help Kinerja achieve intended results more effectively and efficiently; and
6. To what extent are service delivery units in supported regions utilizing Minimum Service Standards.

Data for MTE was collected from twelve sample Kinerja districts. Many of these districts were visited by SMERU during the qualitative baseline survey conducted in September 2011 to February 2012. The selection of the districts in MTE ensured that the five intervention packages were covered and the four Kinerja provinces were represented. The district selection also incorporated suggestions from the Kinerja National Office. These 12 districts included Kota Banda Aceh (health package), Kabupaten Bener Meriah (health package), Kabupaten Luwu

[23] The team will train both new implementing partners (four new IOs for the MSF intervention) and grantees receiving extended support for consolidation activities. District, provincial, and national staff will also receive training on any updated indicators.

Utara (PTD package), Kabupaten Luwu (PTD package), Kota Makassar (BEE package), Kota Singkawang (health package), Kabupaten Bengkayang (SBM package), Kabupaten Sekadau Bengkayang (SBM package), Kabupaten Melawi Bengkayang (SBM package), Kota Tulungagung (BEE package), Kabupaten Bondowoso (Health package), and Kota Probolinggo (SBM package).

The purposes of the Support on Service Standards study were:

1. Assessing lessons learned from the overall Kinerja support of Service Standards;
2. Assessing the output and direct outcome related to implementation of Kinerja Service Standard models and approaches.

The scope of the study was limited to reviewing Kinerja Service Standard activities in round one. Three districts /municipalities were purposively chosen based on their successful progress and achievement during Kinerja implementation: Kota Singkawang (health package), Kabupaten Luwu Utara (PTD package), and Kota Probolinggo (SBM package).

The MTE and the Support on Service Standards study employed similar qualitative research methods: in-depth interviews and Focused Group Discussions (FGDs). In-depth interviews were completed with a variety of at the district/municipality level, the service unit level, and at the community/beneficiary level. The informants, in detail, included:

1. Implementers (staff of District Government Offices, Kinerja's Technical Team members, staff of service providers, and staff of Kinerja Implementing Organizations);
2. Beneficiaries (users of the health unit including partner *puskesmas* and partner schools).

Additionally, Focus Group Discussions were conducted with MSF members at the district/municipality level.

## Annex A-1: Kinerja Packages Based on District Consultations

| Province | District | Business-Enabling Environment | Education | | | Health |
|---|---|---|---|---|---|---|
| | | One-Stop Shops (OSS) for Business Licensing | Educational Unit Operational Cost Analysis (BOSP) | Proportional Teacher Distribution (PTD) | School-Based Management (SBM) | Immediate and Exclusive Breast Feeding and Safe Delivery |
| West Kalimantan | Sambas | | | Second Round | | First Round |
| | Bengkayang | | | | First Round | Second Round |
| | Sekadau | | | | First Round | Second Round |
| | Melawi | First and Second Round | | | First Round | Second Round |
| | Kota Singakawang | | | | Second Round | First Round |
| South Sulawesi | Bulukumba | | First Round | | | Second Round |
| | Barru | First and Second Round | | First Round | Second Round | |
| | Luwu | | | First Round | | Second Round |
| | Luwu Utara | Second Round | | First Round | | Second Round |
| | Kota Makassar | First and Second Round | | | | Second Round |
| Aceh | Aceh Singkil | First and Second Round | | Second Round | | First Round |
| | Aceh Tenggara | | | | First Round | Second Round |
| | Bener Meriah | | | | Second Round | First Round |
| | Simeulue | First and Second Round | First Round | | | Second Round |
| | Kota Banda Aceh | | Second Round | | | First Round |
| East Java | Jember | | | | First Round | Second Round |
| | Tulungagung | First and Second Round | | | | Second Round |
| | Bondowoso | | | Second Round | | First Round |
| | Probolinggo | First and Second Round | | | | Second Round |
| | Kota Probolinggo | | | | First Round | Second Round |

# Annex A-2: Kinerja Performance Monitoring Plan Achievement[24]

**Current Reporting Period: Fiscal Year 2013 (October 2012 – September 2013)**

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| **USAID Governing Justly and Democratically (GJD) Indicators** | | | | | | | | | |
| 1 | GJD 2.2.3-3: Number of local mechanisms supported with United States Government (USG) assistance for citizens to engage their subnational government | 0 | 191 | 109 | 22 | 111 | 40 | 282 (148%) | In FY 2013, there were 282 local mechanisms supported through Kinerja assistance encouraging citizens to engage with their subnational governments. There were a total of 40 achievements in Q12 including service charters, PPID, citizen journalists, MSFs and complaint handling mechanisms. Achievements for this indicator in FY 2013 are disaggregated by type of mechanism below:<br><br>PPID: 4 Achievements (Aceh Singkil, Bener Meriah, Kota Banda Aceh, and Jember)<br>Complaint handling: 2 complaint handling mechanisms in Luwu Utara and 3 complaint handling mechanisms in *puskesmas* in Bener Meriah<br>MSF: 70 District and sub-district level MSFs<br>Service Charter: 183 achievements<br>Citizen Journalists: 20 Districts |
| 2 | GJD 2.2.3-4: Number of local non-governmental and public sector associations supported with USG assistance | 0 | 15 | 11 | 16 | 17 | 17 | 17 (113%) | In FY 2013, there were a total of 17 local non-governmental and public sector associations supported by the US Government through the Kinerja program. These achievements are disaggregated below by sector.<br><br>Core Partner: UGM, Kemitraan , SMERU<br>Health: PKBI Kalbar<br>EDU: PKPM, Yayasan Daun, Gerak<br>Media: Jurnal Celebes, LPS Air, Puskakom, Kippas, JPIP<br>BEE: Bitra, Madanika, Pupuk, Pinus, and YAS<br><br>Other Round 2 IOs (13 IOs) were reported on FY12 because their contracts started during the FY12 reporting period (September 1).<br><br>This is a non-cumulative indicator. |

[24] Final totals are based on the M&E Indicator Database, October 24, 2013. All quarter totals have been updated to reflect the quarter the achievement was completed (not reported). This annual achievement table, therefore, gives a clear picture of the trends in indicator achievements throughout the year. This table also provides description of Q12 achievements in particular, because this report documents both quarterly and annual progress.

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| 3 | GJD 2.2.3-5: Number of sub-national entities receiving USG assistance that improve their performance | 0 | 24 | 12 | 14 | 19 | 19 | 19 (79%) | A total of 19 sub-national entities improved their performance in FY 2013. In Q12, though no new sub-national entities improved their performance, Kinerja district governments continued to show improvements. 12 district governments adopted Kinerja-supported service delivery models, including MSF, Calculation of BOSP, PTD, Service Charter, and PPID.<br><br>This is a non-cumulative indicator. |
| 4 | GJD 2.4.1-9: Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions | 0 | 12 | 8 | 10 | 10 | 17 | 17 (142%) | LPKIPI, PKPM, Jawa Pos, PKPA, FIK ORNOP, Satyapila, Cordial, KOPEL, Yapikma, Yayasan Daun, Gerak, YAS, Pupuk Surabaya, LPA Tulung Agung, PKBI Kalbar, YKP, and BITRA all completed advocacy efforts in FY 2013.<br><br>This is a non-cumulative indicator. |
| **Activity Indicators** | | | | | | | | | |
| 5 | Number of times Kinerja-supported improved service delivery models or approaches are adopted by local governments | 0 | 89 | 16 | 14 | 4 | 21 | 55 (62%) | A total of 55 Kinerja-supported delivery models were adopted by local governments in FY 2013. Q12 achievements include achievements across all Kinerja districts and components, including 3 regulations regarding BOSP, 3 regulations regarding the distribution of teachers, the establishment of an MSF, a regulation regarding transparency (PPID), and 13 regulations related to Kinerja-health models/practices. These 55 achievements were incorporated into 39 regulations. Below are the achievements (not regulations) by sector:<br><br>EDU: 8 achievements of 10 targeted<br>Health: 25 achievements of 45 targeted<br>BEE: 15 achievements of 1 targeted<br>Governance: 7 achievements of 33 targeted<br><br>This indicator appears underachieved because the PMP targeted practices that were not identified Kinerja approaches in this fiscal year. Considering the practices that were targeted by the program team for each component, a total of 45 achievements were possible, of which the Kinerja program achieved 55 (achievement of 120%). |
| 6 | Number of Kinerja-supported technical recommendations to the District Technical Working Unit (SKPD), DPRD, district head Bupati that have involved or are formally endorsed by other non-government actors | 0 | 22 | 58 | 0 | 62 | 8 | 128 (582%) | Kinerja exceeded its target for this indicator, achieving 128 technical recommendations to district governments regarding service delivery. It is important to note that 56 of these achievements were from Round 1 IOs that completed their work in Q9 of FY 2013. In Q12, Kota Probolinggo and Barru developed technical recommendations regarding the complaint survey result to their district governments.<br><br>This indicator was overachieved, particularly for education and health, because the PMP targeted district level technical recommendations. The Kinerja intervention |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| | | | | | | | | | instead promoted the development of technical recommendations at the service delivery unit level. Additionally, BEE did not reach the targeted 1 achievement because the IKM survey has not been implemented yet and, therefore, the result has not yet led to a technical recommendation.<br><br>Below are the achievements by sector:<br>EDU: 99 achievements of 9 targeted<br>Health: 29 achievements of 12 targeted<br>BEE: 0 achievements of 1 targeted |
| 7 | Number of service charters agreed upon with Kinerja support | 0 | 78 | 77 | 7 | 69 | 30 | 183 (235%) | Kinerja exceeded its FY 2013 target for the number or service charters agreed upon with Kinerja support. In Q12, an additional 30 service charters were finalized (Barru, Aceh Tenggara, and Luwu Utara). There were 77 achievements from Round 1 districts that reported during Oct – Dec 2012 (Q9). Below are achievements by sector for FY2013:<br><br>EDU: 136 achievements of 60 targeted<br>Health: 47 achievements of 18 targeted |
| 8 | Number of times Kinerja-supported improved practices for service delivery are institutionalized by service delivery units | 0 | 277 | 145 | 0 | 70 | 15 | 230 (83%) | Kinerja achieved 230 improved practices institutionalized at service delivery units in FY 2013. In Q12, Kinerja had an additional 15 achievements in Jatim, South Sulawesi, and Aceh ranging from SOP Alur Layanan to School Planning and Budgeting documents. Below are achievements by sector:<br><br>EDU: 209 achievements of 180 targeted<br>Health: 20 achievements of 96 targeted<br>BEE: 1achievement of 1 targeted<br><br>Health was underachieved because there were 6 models targeted, 3 of which were technical SOPs. The program strategy in FY 2013, however, only endorsed one SOP (SOP Alur Pelayanan) as a health governance practice. Additionally, 1 targeted practice from the Education SBM package was not implemented by Kinerja (Annual Financial Report – also see note on Indicator 17). |
| 9 | Number of Kinerja-supported mechanisms that incentivize district government or service delivery units based on actual performance | 0 | 9 | 1 | 4 | 0 | 2 | 7 (77%) | In FY 2013, Kinerja achieved 77% of the target for mechanisms that incentivize district government or service delivery units. There were 2 achievements reported in Q12 including POPI in Aceh and the FIPO Autonomy Award in South Sulawesi. The incentive mechanisms included here are Provincial OSS Performance Index (POPI) in 4 provinces, JPIP in East Java, FIPO in South Sulawesi, and Health Reproductive Festival in Bondowoso.<br><br>Kinerja underachieved, particularly in education, because the PMP targeted four incentive mechanisms for the education intervention. Kinerja, however, did not |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| | | | | | | | | | develop education incentive mechanisms during Year 1 or Year 2. Below are detailed achievements by sector:<br><br>EDU: 0 achievements of 4 targeted<br>Health: 1 achievement of 0 targeted<br>BEE: 4 achievements of 3 targeted<br>Governance: 2 achievement of 2 targeted |
| 10 | Number of Kinerja-supported feedback mechanisms at the district government- or service-delivery unit levels used by clients and users | 0 | 27 | 0 | 2 | 0 | 3 | 5 (18%) | There are 27 feedback mechanisms targeted at district government level or SDU level. For FY 2013, there were 5 achievements total including 3 achievements in Aceh (complaint handling team in 3 Puskesmas in Bener Meriah) and 2 achievements in South Sulawesi (complaint handling mechanism and complaint handling team in Luwu Utara).<br><br>The number is underachieved because the FY 2013 Kinerja strategy focused on experimental feedback mechanisms including complaint surveys and response boxes (*kotak saran*). In FY 2014 during consolidation, Kinerja will work to formalize these feedback mechanisms within the service delivery units.<br><br>Achievements reported in previous quarterly reports did not adequately fit the definition of "feedback mechanisms" and consisted of one-time activities that did not offer slots for citizen feedback/complaints regarding service delivery units or district governments (radio talk shows, for example). |
| 11 | Percentage of complaints about services received through Kinerja-supported complaint survey process, which is addressed by public service delivery units | 0 | 50% | 0 | 0 | 100% | 100% | 100% | This indicator is supported by the completed service charters, which include complaints and promises of improvement made by SDUs. The complaints are acknowledged through this process.<br><br>This indicator included 183 service charters for which all the complaints were addressed by the local government. |
| 12 | Number of Kinerja-supported linkages between CSOs, users, DPRD, Dinas, and others, which are active in the oversight of service delivery | 0 | 109 | 30 | 12 | 23 | 5 | 70 (64%) | Kinerja achieved 64% of Indicator 12, counting the number of linkages which are active in service delivery oversight. In Q12, there were 5 achievements, namely 3 MSF Kecamatan in Luwu, 1 Public Service Performance Monitoring Coalition in South Sulawesi, and 1 MSF district level (PPD) in Luwu Utara. Achievements are disaggregated by sector below:<br><br>EDU: 27 achievements of 84 targeted<br>Health: 40 achievements of 15 targeted<br>BEE: 3 achievement of 1 targeted<br>Governance: 0 achievements of 9 targeted |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| | | | | | | | | | There were 0 achievements for governance because in Round 2, the governance intervention was integrated into the PSD (sector) intervention. There were not MSFs developed separately by the governance team because all were developed by the PSD intervention. |
| 13 | Number of non-media CSOs that report on local government performance | 0 | 23 | 1 | 0 | 9 | 1 | 11 (47%) | Achievements for Indictor 13 were concentrated in Aceh and South Sulawesi and included the following non-media CSOs: BITRA, YAS, GERAK, PKPA, Satyapila, Yayasan DAUN, Ombudsman Kota Makassar, CORDIAL, KIP SULSEL, LPA Tulungagung, and KOPEL. These organizations reported on local government performance regarding issues such as implementing SBM, PPID, and ASI Eksklusif. |
| 14 | Number of Kinerja-supported citizen journalists actively reporting on local government performance | 0 | 200 | 0 | 31 | 53 | 4 | 88 (44%) | There were 200 citizen journalists targeted for FY 2013, including 100 active journalists from FY 2012 (Round 1) and an additional 100 active journalists from FY 2013 (Round 2). This indicator is underachieved because Round 1 citizen journalists did not continue reporting or developing products in FY 2013. Only 2 citizen journalists trained in FY 2012 produced products in FY 2013. The FY 2014 work plan includes activities that engage these trained citizen journalists from Round 1 to account for this. Additionally, in FY 2013 the Kinerja media team and the M&E team worked to uncover additional media products produced by citizen journalists in FY 2012.<br><br>When considering only the FY 2013 target for new active citizen journalists (100), Kinerja achieved 88%, with 88 journalists producing 143 products. Details per quarter are below:<br><br>Q10: 31 citizen journalist achievements with a total of 39 products produced<br>Q11: 53 new citizen journalist achievements from a total 65 active citizen journalists total (including12 citizen journalist that reported on Q10). They produced a total of 95 products.<br>Q12: 4 new citizen journalists were recorded with 9 products. |
| 15 | Number of Kinerja-supported service delivery units where key planning documents are made available to stakeholders | 2 | 92 | 57 | 0 | 29 | 1 | 87 (95%) | Kinerja achieved 95% of the FY 2013 target for published planning documents. This indicator was underachieved because there was not a strong emphasis on documenting the "publication" of planning documents in FY 2013. This will be changed in the FY 2014 strategy. |
| 16 | Number of Kinerja-supported service delivery units where key budgeting documents are made available to stakeholders | 3 | 93 | 52 | 0 | 29 | 1 | 82 (88%) | Kinerja achieved 88% of the FY 2013 target for published budgeting documents. This indicator was underachieved because there was not a strong emphasis on documenting the "publication" of budgeting documents in FY 2013. This will be changed in the FY 2014 strategy. |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| 17 | Number of Kinerja-supported service delivery units where key financial reporting documents are made available to stakeholders | 5 | 95 | 0 | 0 | 0 | 0 | 0 (0%) | The Kinerja program did not assist schools in developing financial reports. The Work Plan for FY 2014 includes Kinerja assistance in this area. Achievements from Kinerja-supported schools will be recorded in FY 2014. |
| | | | | | | | | | |
| 18 | Number of times Kinerja-supported good practices are adopted by local governments outside of the original Kinerja target jurisdictions | 0 | 4 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 19 | Number of non-Kinerja-supported districts where adoption of Kinerja-supported good practices take place | 0 | 0 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 20 | Number of times Kinerja-supported improved practices for service delivery are institutionalized by service-delivery units not receiving direct implementation support | 0 | 0 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 21 | Number of Kinerja-affiliated Indonesian CSOs that have developed new or updated products or services for local governments | 0 | 31 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 22 | Number of Kinerja-affiliated Indonesian CSOs that have marketing or outreach strategies targeting local government | 1 | 12 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 23 | Number of Kinerja-supported good practices that are contained in replication packages available for use by Indonesian CSOs | 0 | 28 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 24 | Number of engagements in which Kinerja-affiliated Indonesian organizations provide technical assistance or other support for Kinerja-supported products to districts outside of the original target jurisdiction | 0 | 4 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| 25 | Number of engagements in which local governments or service-delivery units contribute to cost of technical assistance by Kinerja-affiliated Indonesian CSOs | 0 | 2 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 26 | Number of policy papers published that are directed at the provincial or national level to support replication of good practices in local service delivery | 0 | 2 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |
| 27 | Number of mechanisms to support the adoption of good practices related to Kinerja activities | 0 | 6 | - | - | - | - | n/a | This indicator will be reported in FY 2014, as the Kinerja replication strategy was approved in October 2013 (FY 2014) and the Kinerja replication indicators require slight adjustments that account for district targets. |

# Annex A-3: List of Local-level Regulations Passed in FY 2013

In FY 2013, Kinerja-supported districts passed 39 regulations. Details of these regulations, organized by province, are included below.

**regulations from 2012 that were reported in 2013 are counted in FY 2013 in the quarter they were received in order to ensure data quality and verification standards*

***regulations that count as more than one achievement cover one or more of Kinerja's service delivery models. See PMP definitions for more details.*

**Aceh (11)**

**BEE (3)**

- Perbup Aceh Singkil No 1/2013 Tentang SOP Pelayanan Publik Perijinan dan Non Perijinan pada kantor PTSP (1 achievement)
- SK Bupati Simeulue No. 503/005/2013 tentang Perubahan SK Bupati Simeulue No. 78 Tahun 2012 tentang Penunjukan/Penetapan Tim Teknis KP2T Kabupaten Simeulue Tahun 2013 (1 achievement)
- SK Bupati Simeulue No.2/2012 Tentang pelimpahan kewenangan Perijinan dan Non Perijinan Kepada Kantor PTSP (1 achievement)

**Education (3)**

- Dokumen Pelaksanaan Anggaran (DPA) Satuan Kerja Perangkat Kabupaten (SKPK) Tahun 2013, Dinas Pendidikan Pemerintah Kabupaten Simeulue (1 achievement)
- Peraturan Walikota Banda Aceh Nomor 17 Tahun 2013 Tentang Petunjuk Teknis Penggunaan Dana Penunjang Pendidikan SD/SMP dan Penyedian Tambahan Pembiayaan Operasional SMA/SMK (2 achievements)
- Perbup Aceh Singkil No.17 Tahun 2013 Tentang Penataan dan Pemerataan Guru di Lingkungan Pemerintah Daerah Aceh Singkil (1 achievement)

**Health (2)**

- Perbup Bener Meriah No.59 Tahun 2012 Tentang Jaminan Pelayanan Persalianan Aman, Inisiasi Menyusui Dini, dan Asi Ekslusif (3 achievements)
- Perbup Simeulue No.12 Tahun 2013 Tentang PA, IMD dan ASI Ekslusif (3 achievements)

**PPID (3)**

- Keputusan Bupati Bener Meriah Nomor 188.45/643/SK/2012 (1 achievement)
- Keputusan Walikota Banda Aceh No.260 Tahun 2012 Tentang Penunjukan Pejabat Pengelola Informasi dan Dokumentasi (PPID) (1 achievement)
- Perbup Aceh Singkil No.3 Tahun 2013 Pedoman Pengelolaan Informasi dan Dokumentasi (1 achievement)

**East Java (9)**

**BEE (2)**

- Peraturan Bupati Tulungagung No.25 Tahun 2012 Tentang SOP Perizinan Pada Badan Pelayanan Peijinan Kabupaten Tulungagung (1 achievement)

- Keputusan Bupati Tulungagung No 188.45/261/013/2013 Tentang Pendelegasian Wewenang (1 achievement)

**Health (6)**

- Keputusan Kepala Dinas Kesehatan Kota Probolinggo No.444/10/425.102/KEP/2013 Tentang Pembentukan Forum Multi Stakeholder (1 achievement)

- Peraturan Bupati Bondowoso No.40 Tahun 2012 Tentang PA, ASI, IMD (3 achievements)

- Peraturan Bupati Jember No.17 tahun 2013 Tentang PA, IMD dan ASI Ekslusif (3 achievements)

- Peraturan Bupati Probolinggo No.24 Tahun 2013 Tentang Persalinan Aman, Inisiasi Menyusui Dini dan Asi Ekslusif (3 achievements)

- Peraturan Bupati Tulung Agung No.19 Tahun 2013 Tentang Persalinan Aman, Inisiasi Menyusui Dini dan ASI Ekslusif (3 achievements)

- Perwako Kota Probolinggo No.36/2012 tentang PA, ASI dan IMD (3 achievements)

**PPID (1)**

- Peraturan Bupati Jember No.16 Tahun 2013 Tentang Pedoman Pengelolaan Informasi dan Dokumentasi (1 achievement)

**South Sulawesi (17)**

**BEE (11)**

- Mekanisme alur pengaduan BPPTSPM Luwu Utara No. 188.4.45/3/I/2013 (1 achievement)

- Pembentukkan tim pembina dan pengawasan pelaporan perizinan usaha dan penanaman modal Luwu Utara No 188.4.45/4/I/2013 (1 achievement)

- Pembentukkan Tim Teknis PTSP Luwu Utara No. 188.4.45/1/I/2013 (1 achievement)

- Penggunaan pakaian seragam khusus Luwu Utara No 188.4.45/5/I/2013 (1 achievement)

- Peraturan Daerah Luwu Utara No.3 Tahun 2012 Tentang Organisasi dan Tata Kerja BPPTSPM (1 achievement)

- Perbup Luwu Utara No 36 thn 2012 Tentang Tupoksi BPPTSPM (1 achievement)

- Perbup Luwu Utara pembentukan tim khusus penangan pengaduan pelayanan No 188.4.45/6/1/2013 (1
achievement)

- Perbup Pelimpahan Kewenangan Luwu Utara No 56 tahun 2012 (1
achievement)

- Perbup standar pelayanan Luwu Utara No.188.4.45/2/I/2013 (1
achievement)

- SK Bupati Barru no 262/KP3M/VI/2013 Tentang Pelimpahan Kewenangan Penandatanganan Perizinan Kepada Kepala KP3M Kab.Barru (1
achievement)

- SK Bupati Barru No.535/KP3M/2012 tentang pembebasan retribusi daerah pelayanan perizinan (1 achievement)

**Education (4)**

- Daftar Distribusi Guru Proporsional Kab.Luwu Utara Tahun 2013 (1
achievement)

- Peraturan Bupati Barru No.16 Tahun 2013 Tentang Penataan dan Pemerataan Guru Pegawai Negeri Sipil (1
achievement)

- Perbup Bulukumba No 19 thn 2013 Tentang Pedoman Tehnis Perhitungan BOSP (1 achievement)

- Perbup Luwu No.30 Tahun 2013 Tentang Pedoman Pelaksanaan Distribusi Guru PNS Secara Proporsional (1
achievement)

**Health (2)**

- Peraturan Bupati Bulukumba No.34 Tahun 2013 Tentang Pelayanan Persalinan Aman ( 1 achievement)

- Perwali ASI Ekslusif Kota Makassar No 49 thn 2012 Pemberian ASI Ekslusif (1 achievement)

**West Kalimantan (2)**

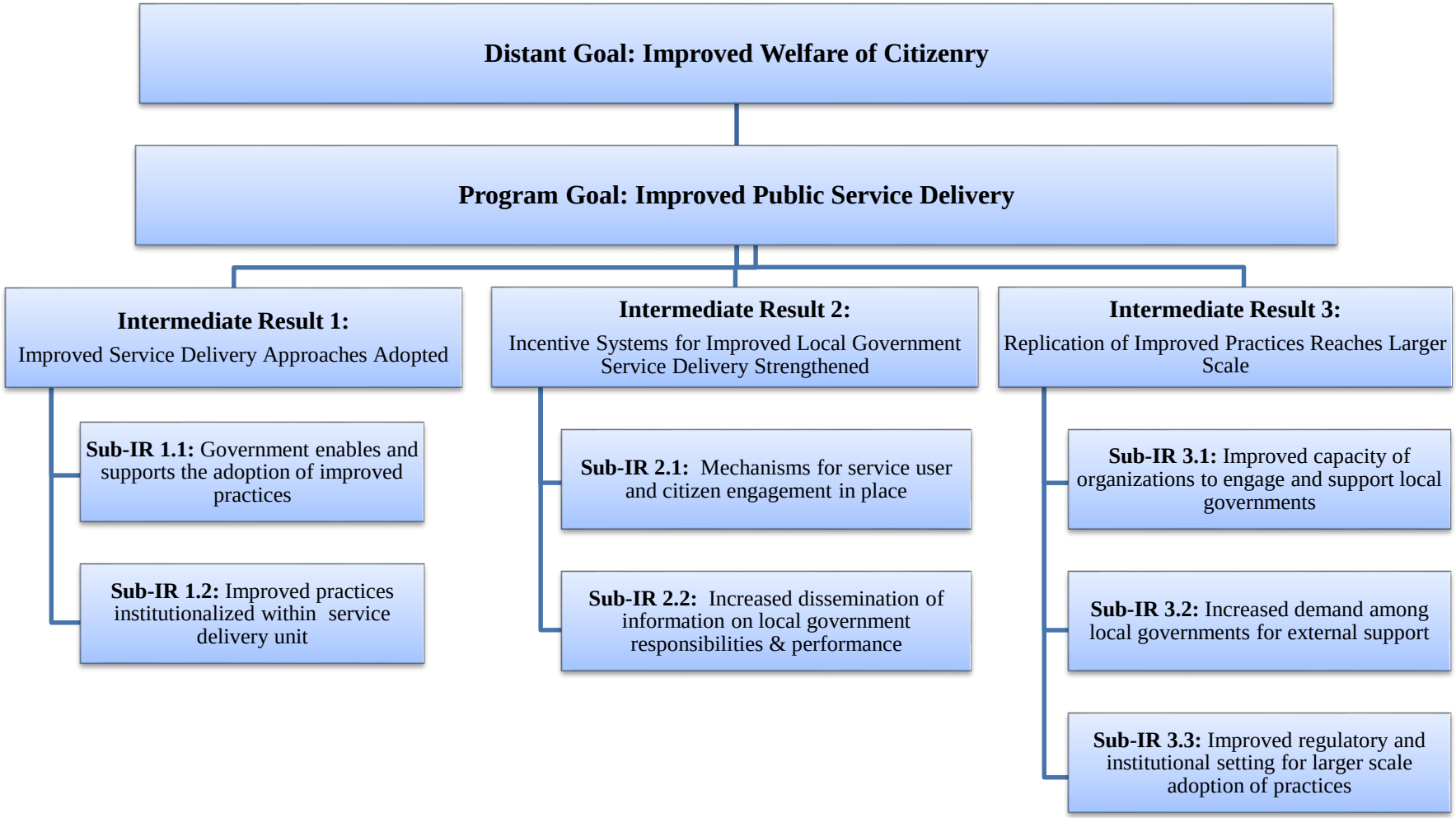
**Health (2)**

- Keputusan Walikota Kota Singkawang No.131 Tahun 2013 Tentang Pembentukan Tim Audit Maternal Perinatal (AMP). Didalam regulasi menjelaskan MSF Kota Singkawang/ Forum Peduli Kesehatan Kota Singkawang (1
achievement)

- Peraturan Walikota Kota Singkawang No.17 tahun 2012 tentang Inisiasi Menyusui Dini dan ASI Ekslusif (2
achievements)

**Grand Total (39)**

## Annex A-4: Kinerja Program Results Chain



## Annex A-5: Status of PPID Offices in Kinerja Districts

| Area/ District | Regulation available | SOP was enacted by a SK/ Decree | List of publically accessible documents | A front desk | Access to information for the public | Dedicated officer for document delivery services | Note |
|---|---|---|---|---|---|---|---|
| Aceh | | | | | | | |
| Kota Banda Aceh | 1 | 1 | 1 | 1 | 1 | 1 | * via website |
| Bener Meriah | 1 | 0 | 0 | 0 | 0 | 0 | |
| Simeulue | 0.5 | 0 | 0 | 0 | 0 | 0 | |
| Aceh Singkil | 1 | 0.5 | 0.5 | 1 | 0 | 1 | |
| Aceh Tenggara | 1 | 0.5 | 0 | 0 | 0 | 0 | |
| East Jawa | | | | | | | |
| Kota Probolinggo | 1 | 0 | 1 | 1 | 1 | 1 | |
| Probolinggo | 0.5 | 0 | 0 | 0 | 0 | 0 | |
| Bondowoso | 0.5 | 0 | 0 | 0 | 0 | 0 | |
| Jember | 1 | 1 | 0 | 0 | 0 | 0 | |
| Tulungagung | 0 | 1 | 0 | 0 | 0 | 0 | |
| West Kalimantan | | | | | | | |
| Kota Singkawang | 1 | 0.5 | 0 | 0 | 0 | 0 | |
| Melawi | 1 | 0 | 0 | 0 | 0 | 0 | |
| Sambas | 1 | 0.5 | 0 | 0 | 0 | 0 | |
| Bengkayang | 1 | 1 | 0 | 0 | 0 | 0 | |
| Sekadau | 0 | 0 | 0 | 0 | 0 | 0 | |
| South Sulawesi | | | | | | | |
| Luwu Utara | 1 | 1 | 0.5 | 1 | 0.5 | 1 | |
| Luwu | 0.5 | 0.5 | 0 | 0 | 0 | 0 | |
| Barru | 1 | 0.5 | 0 | 0 | 0 | | |
| Kota Makassar | 1 | 0.5 | 0.5 | 0 | 0 | 0 | |
| Bulukumba | 1 | 1 | 0.5 | 0 | 0.5 | 0.5 | |

Note: 1: if there is achievement 0.5: in process 0: no achievement

## Annex A-6: Status of Kinerja Grants

| No | Grantee/Contractor | Type | Project Location | Start | Finish | Extension Period |
|---|---|---|---|---|---|---|
| 1 | Cordial | EDU - SBM | Kabupaten Barru, South Sulawesi | 1-Sep-12 | 31-Aug-13 | 31-Oct-13 |
| 2 | Satya Pila | EDU -SBM | Aceh Tenggara, Aceh | 1-Sep-12 | 30-Apr-13 | 31-May-13 |
| 3 | LPKIPI (Lembaga Pelatihan dan Konsultasi Inovasi Pendidikan) | EDU-SBM & PTD | 2 districts in Jatim, 3 in Kalbar | 1-Sep-12 | 31-Aug-13 | 31-Oct-13 |
| 4 | GERAKAN ANTI KORUPSI (GeRAK) ACEH | EDU -BOSP | 2 districts in Aceh : Banda Aceh and Simeulue | 15-Oct-12 | 14-Jun-13 | 31-Jul-13 |
| 5 | Pusat Kajian Pendidikan dan Masyarakat (PKPM) Aceh | EDU -SBM | 1 district in Aceh ;Bener Meriah | 1-Oct-12 | 30-Sep-13 | 31-Oct-13 |
| 6 | Lembaga Pengembangan Potensi Perempuan dan Anak (Pepopeda) Barru Sulawesi Selatan | PTD -MSF | Kabupaten Barru, South Sulawesi | 1-Sep-12 | 28-Feb-13 | - |
| 7 | Yayasan Latimojong Tiga Puluh (L-30) | PTD -MSF | Luwu District, South Sulawesi | 1-Sep-12 | 28-Feb-13 | 30-Apr-13 |
| 8 | Lembaga Pemberdayaan Ekonomi dan Lingkungan Masyarakat Luwu Utara | PTD -MSF | North Luwu District, South Sulawesi | 1-Sep-12 | 28-Feb-13 | - |
| 9 | LSM Forum Bulukumba | BOSP- MSF | Bulukumba District, South Sulawesi | 1-Sep-12 | 28-Feb-13 | 30-May-13 |
| 10 | Yayasan DAUN | EDU - MSF PTD | Aceh Singkil., Singkil | 1-Dec-12 | 30-Nov-13 | |
| | Subtotal Education | | | | | |
| 11 | YayasanPemberdayaan Intensif KesehatanMasyarakat (YAPIKMA) | HEALTH | East Java Province, Probolinggo Municipality and Jember District | 1-Sep-12 | 31-Aug-13 | 31-Oct-13 |
| 12 | FIK ORNOP Sulsel | HEALTH | South Sulawesi Province, Luwu and North Luwu District | 1-Sep-12 | 31-Aug-13 | 31-Oct-13 |
| 13 | Lembaga Perlindungan Anak (LPA) | HEALTH | Probolingg District and Tulungagung District, East Java | 1-Sep-12 | 31-Aug-13 | 31-Oct-13 |
| 14 | Pusat Kajian dan Perlindungan Anak (PKPA) | HEALTH | Aceh Province, Simeulue District | 1-Sep-12 | 31-Aug-13 | 31-Oct-13 |
| 15 | Inspiration for Managing People's Actions (IMPACT) | HEALTH | Aceh Province, Southeast Aceh | 1-Sep-12 | 31-Aug-13 | 31-Oct-13 |

| No | Grantee/Contractor | Type | Project Location | Start | Finish | Extension Period |
|---|---|---|---|---|---|---|
| 16 | KOPEL (Komite Pemantau Legislatif) | HEALTH | South Sulawesi Province, Makassar and Bulukumba district. | 1-Sep-12 | 31-Aug-13 | 30-Nov-13 |
| 17 | PKBI Kalbar | HEALTH | Bengkayang, Sambas & Melawi Districs West kalimantan | 1-Feb-13 | 31-Jan-14 | |
| | Subtotal Health | | | | | |
| 18 | Jurnal Celebes | MEDIA | All District, East Sout Sulawesi | 1-Feb-13 | 31-Jan-14 | |
| 19 | KIPPAS | MEDIA | All District, Aceh | 1-Feb-13 | 31-Jan-14 | |
| 20 | PUSKAKOM | MEDIA | All District, East Java | 1-Mar-13 | 28-Feb-14 | |
| 21 | LPS Air | MEDIA | All District, West Kalimantan | 15-Mar-13 | 14-Mar-14 | |
| 22 | JPIP | MEDIA | All Districtsin West Kalimantan and East Java | 15-May-13 | 14-Mar-14 | |
| | Subtotal Media | | | | | |
| 1 | PUPUK | BEE | East Java, District Probolinggo and Tulungagung | 22-Feb-13 | 22-Jan-14 | |
| 2 | YAS | BEE | South Sulawesi, District : Makassar and Barru | 22-Feb-13 | 22-Jan-14 | |
| 3 | BITRA | BEE | Aceh, district: Simeulue, Singkil | 22-Feb-13 | 22-Jan-14 | |
| 4 | MADANIKA | BEE | West Kalimantan & Melawi district | 22-Feb-13 | 22-Jan-14 | |
| | Subtotal BEE | | | | | |
| | **Grand Total** | | | | | |

# Part B: Kinerja Papua Quarterly Report

This section of the overall Kinerja Program and Papua Expansion Quarterly Report includes the quarterly report for the Papua Expansion and includes the province of Papua and the four designated districts within the province. It covers the reporting period from October 2012–September 2013, the same period of time as the Kinerja Program Quarterly Report, which is presented in Part A: Kinerja Program Quarterly Report, of this document. Part A includes details on activities and achievements for the four original provinces and 20 original districts of the Kinerja Program.

## Executive Summary

As implementation got underway, FY 2013 was particularly busy for the Kinerja Papua program. Key activities and their achievements are described in the section below.

**Building Relationships and Government Relations**

Following the successful signing of memorandums of understanding (MOUs) with the district administrations of Jayawijaya and Kota Jayapura at the end of FY 2012, revised national government guidance came out in early FY 2013 advising international donors to exchange letters of intent (LOIs), causing a slight delay in the formalization of Kinerja Papua's relationship with its partner districts. However, LOIs were successfully exchanged by the end of January 2013, providing the basis for cooperation between Kinerja and the regional governments and facilitating government partners to allocate resources (both staff and budget) for Kinerja activities.

**Strengthening leadership and management capacity**

Following up on a series of workshops conducted in October 2012 to promote the application of **minimum service standards (MSS)** in Kinerja Papua's, the program provided support for advocacy efforts designed to encourage DHOs and partner *puskesmas* to address MSS in their annual work plans and budgets. These advocacy efforts were later supplemented with technical support in April and May, which resulted in an evaluation of the current levels of MSS achievement, and provides the basis for cost analysis to address the remaining performance gap throughout the end of FY 2013.

Kinerja organized a series of workshops in Jayapura, Kota Jayapura, Jayawijaya and Mimika to discuss the development of governance-related **standard operating procedures (SOPs)** in January and February 2013. Participants drew up service flow charts and discussed management and planning aspects of TB testing, the diagnosis of TB and HIV/AIDS, treatment monitoring plans, the prevention of mother-to-child transmission and the proper maintenance of lab equipment. They also drafted 37 SOPs for implementation, and Kinerja conducted an evaluation of their efforts to do so in late April and early May. The evaluation revealed a strong correlation between levels of DHO support and the implementation of SOPs at the *puskesmas* level. Kinerja continues to coordinate with the administration of Jayapura regarding its request for an expanded SOP training to cover all of its SKPDs. Kinerja hopes to fulfill the request in September 2013, contingent upon the availability of local budget funds and relevant decision-making government staff.

At the end of October 2012, USAID approved PMPK UGM's grant for leadership and management capacity building. Following a series of meetings to fine-tune the contract agreement and the work plan, PMPK UGM entered the mobilization phase, recruiting and training its field-based staff. In January, they then conducted a baseline assessment of the capacity of local health-care providers, and developed the curriculum for a series of leadership and management training workshops based on its findings. Through case studies, face-to-face mentoring, and weekly online meetings, PMPK UGM led a combined total of 121 DHO and *puskesmas* staff from the four partner districts through its specially designed course. In addition, as the result of the trainings, each of the units in the 4 districts – DHO and 3 Puskesmas developed short- (up to 3 months), medium- (up to 12 months) and long-term action plans focusing on improving the delivery of the services they provide. In total, 16 action plans resulted from the leadership and management capacity building.

**Health Barrier Assessment and Seminar**

Kinerja Papua finalized the design of the health barrier assessment in October 2013. Data gathering was done in collaboration with PMPK UGM and combined with their baseline assessment to support the leadership and management capacity building component of the project. From FGDs and interviews with 97 community members, analysis revealed commonly held perceptions of unreliability and inaccessibility of *puskesmas* services, poor service quality, low capacity of local health-care providers and limited knowledge of various health-care finance schemes among the public, especially in big city such as Kota Jayapura. On the supply side, various factors that contributed to the barriers were identified, including a lack of supervision and oversight by *puskesmas* managers and district health officials, a lack of discipline and work ethic among staff and dysfunctional or limited functionality of leadership and stewardship of DHOs (especially in Jayawijaya and Mimika).

To follow up on the health barrier assessment's findings, two researchers from BaKTI's network of Eastern Indonesia Researchers/*JIKTI* (Centre of Eastern Indonesia Study, Universitas Satya Wacana Salatiga, Central Java) were recruited to explore existing good practices that had previously been implemented in Papua, West Papua or elsewhere in eastern Indonesia. The good practices they identified were then presented in an interactive way on May 6-7 during the Health Barriers Assessment/Good Practices Seminar in Kota Jayapura.

The regent of Jayapura and the mayor of Kota Jayapura attended the two-day Health Barrier Seminar, along with 238 representatives (143 men and 95 women) from project-supported *puskesmas*, DHOs and relevant provincial authorities and the NGO and international donor community. Following the interactive presentation of these good practices, which was facilitated by Kinerja partner BaKTI, each Kinerja partner district identified at least one good practice it wanted to adopt. Only Mimika district who has proceeded with more tangible actions in realizing their Bidan Simpatik Program (contracted midwives with skills to deal with gender based violence victims)

**Gender integration**

As a part its efforts to integrate gender into its interventions, Kinerja Papua has focused on strengthening the technical capacity of district governments and the general public to prepare an integrated service center for the protection of women and children (*Pusat Pelayanan Terpadu Perlindungan Perempuan dan Anak* – P2TPA), especially for HIV/AIDS-positive women and children affected by abuse.

Kinerja held workshops to that end in the district of Jayapura on March 18 and Kota Jayapura on April 23-24. Both workshops received high levels of support from district officials, and have helped to spur on cross sectoral integration between technical working units to address violence against women and children. Further needs for technical support were identified through these events, especially in the areas of MSS cost analysis, advocacy for the integration of MSS related to victims of violence into annual work plans and budgets and the need for technical strengthening at the service level. Two organizations' grant proposals are currently being finalized to address the gender based violence issues above.

**Enhancing citizens' understanding of their health rights**

Kinerja Papua developed and released RFAs for health rights promotion via broadcast and alternative media in Papua. In order to better understand how Kinerja Papua's media

component to enhance citizen's understanding of their health rights could be fine-tuned to respond to the local context, Kinerja's media specialist, along with one media consultant, conducted a rapid mapping of the media environment between Jan. 7 and Jan. 18 in all four districts. Key media stakeholders at the provincial and district level were consulted accordingly.

Following the selection of the Indonesia Media Development Association (*Perhimpunan Pengembangan Media Nusantara* – PPMN) as the program's main media partner, Kinerja Papua held a series of discussions to ensure that lessons learned thus far in Papua, as well as the findings from the media mapping, were integrated into the group's work plan. At the end of May 2013, USAID approved the grant to PPMN and the group was subsequently able to begin implementation of its proposed activities, which included the training of citizen journalists, overseeing the production of television features and training district radio stations.

Kinerja's efforts to start an alternative media program suffered a delay in mid June with the withdrawal of the most promising proposal; however, another organization with a strong background in issue-based, alternative media campaigns was identified shortly thereafter, and began to develop a proposal.

**Supporting demand for health services (MSFs)**

Throughout FY 2013, local governments, including subdistrict authorities and local community leaders showed high levels of commitment in working together through MSFs to improve the local health service delivery. In various meetings, these levels of commitment were reflected through their agreement to be part of MSFs' coordinating structures and their interest to be part of follow up discussions. In August, the grants were disbursed to 3 local IOs following USAID approval. After training in early September, MSF local IOs have started conducting formal establishment and/ revitalization of MSFs at district and Puskesmas level, utilizing the forums initiated by Kinerja local staff.

Capacity building for local forums and organizations is imperative in the context of Papua, as Kinerja Papua also aims to ensure quality interventions and build a more sustainable approach to ensure local organizations have the capacity to continue what Kinerja has invested. As such, Kinerja plans to work with another national-level IO (Circle Indonesia) to focus on building the capacity of district-level MSFs as well as the local organizations selected which were awarded funds for institutional support. During the time of reporting, the Circle Indonesia's proposal to build capacity is being finalized for submission to USAID.

.Kinerja also released three RFAs to ensure the involvement of local religious leaders and indigenous leaders in demanding for their health rights through their own mechanisms and active engagement with existing MSFs at Puskesmas and district level, as well as RFA to build capacity of DPRD and MRP as the representatives of the community at the district and provincial level, in fulfilling their roles in budgeting and controlling of public service delivery based on service standards.

# 1. Introduction

On March 15, 2012, the United States Agency for International Development (USAID expanded Kinerja's mandate to focus on governance in health systems strengthening (HSS) in

the four target districts[25] of Jayapura, Kota Jayapura, Jayawijaya and Mimika (see Annex B-1: Kinerja Papua Map).

The Kinerja approach in Papua (Kinerja Papua) builds on the body of existing innovative practices in governance and public service delivery (PSD) and adjusts them to district needs, and then adapts its current approaches to strengthen health systems and enhance health outcomes.

The Kinerja objectives in Papua are to develop and ensure the capacity of local governments to deliver effective, safe, and quality personal and non-personal health services, with a minimum waste of resources, while promoting the following:

- An enabling policy environment within the provincial health systems
- Governance that results in a relevant and responsive health system
- The substantive engagement of civil society

Program activities are directed at HSS to improve the government's ability to provide quality services to those communities most at risk for infectious disease, including human immune deficiency virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and tuberculosis (TB), and for strengthening maternal and child health (MCH).

The Kinerja approach in Papua (Kinerja Papua) builds on the body of existing innovative practices in governance and public service delivery that are adapted to district needs, and adapt its current approaches to strengthen health systems and enhance health outcomes. Kinerja Papua seeks to complement an existing range of USAID partner programs in the four target districts by identifying and targeting the key blockages to health service delivery in Papua.

This report covers the broader activities of Kinerja Papua, but also illustrates how the team has operated in the districts over the previous year. It outlines the following:

- An overview of project objectives and results in Papua
- Challenges and risks
- A description of the FY 2013 work program
- An overview of project management and monitoring and evaluation
- Information on grants management

## Program Background and Context

USAID is making considerable investments in health, with a specific focus on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), Maternal and Child Health (MCH), and Tuberculosis (TB), through a range of projects and partners. Although these projects are making significant inroads at the technical level, the health sector continues to be poorly governed and is characterized by poor definitions of roles and responsibilities, low attendance rates by health workers in health facilities, insufficiently stocked health centers and other facilities, and a lack of outreach services.

[25] See the Definitions section in the front matter for explanation of use of the terms "districts" and "target districts" for the purposes of this document.

As such, USAID considers that targeted multi-sectoral efforts at the governance level will strengthen outcomes and hasten improvement in the health standards of the people of Papua. To this end, USAID expanded the scope of the current Kinerja project to focus on HSS in the four target Papua districts Jayapura, Jayawijaya, Kota Jayapura and Mimika.

### Objectives and Results

Kinerja's objectives in Papua are to develop and ensure the capacity of local governments to deliver effective, safe, and quality personal and non-personal health services, with a minimum waste of resources, while promoting the following:

- An enabling policy environment within the provincial health systems;
- Governance that results in a relevant, responsive, health system;
- And the substantive engagement of civil society.

Project activities are expected to be directed at HSS to improve the government's ability to provide quality services to those communities most at risk for infectious disease, including HIV/AIDS and TB and for strengthening MCH.

## 2. Building Relationships with Government Partners

Kinerja Papua has strengthened its work with local stakeholders during FY 2013, both at district level and also at provincial level. With all four districts and one province having either Memo of understanding (MOUs) or Letter of Intent, Kinerja Papua and local government collaborated in many strategic events. For example, in all districts and at the provincial level, Kinerja Papua engaged with donor forums and/or health donor forums coordinated by Bappeda or Health office. In addition, Kinerja Papua ran regular technical team meetings at the district level, where issues related to project implementation were discussed and local key stakeholders could provide technical or managerial input to the project. With the on-boarding of a new Program Manager in April 2013, it is apparent that there have been tremendous improvements in working relationship with provincial level stakeholders – especially with Bappeda, Health Office and other donor agencies. Thus, with the combination of current staff at the district and provincials, Kinerja Papua has assembled a strong team to undertake Kinerja Papua plans and move its objectives forward.

### 2.1 Provincial Workshop and MoU Signing

Following the signing of the MOU between Kinerja and the administrations of Jayawijaya and Kota Jayapura at the end of FY 2012, similar agreements were signed with Mimika and Jayapura in December 2012 and January 2013.

Following the signing of MOUs with the four districts, the Kinerja Papua program was launched at a provincial workshop on Jan. 22. The event was opened by Second Assistant to Regional Secretary Elia Loupaty and USAID Deputy Director Zeric Smith. Both the signing of the MOUs and the workshop were key foundations for cooperation between Kinerja Papua and the local governments in implementation of the program's activities.

These MOUs were also met with financial support from district administrations. The Kota Jayapura administration committed Rp 150 million to support the activities of the technical team for 2013, and doubled its commitment for 2014. The Jayapura and Mimika governments

have pledged to provide financial support to Kinerja Papua activities, but have not yet identified a specific amount.

Kinerja Papua's activities, both on the supply and demand sides, have also received support from Bappeda and the DHOs. On the supply side, the DHO head actively participated and supported training and workshops facilitated by Kinerja Papua, and on the demand side, the local governments at the service unit, executive and legislative levels were active in MSF meetings. The request from the Provincial Health Office and the Provincial Bappeda Office for assistance on developing a medical log book and health development plan for Papua is indicative of the good relationship between the program and the provincial government.

# 3. Innovations and Incentives

## 3.1 Strengthening Leadership and Management Capacity for Health Service Delivery

This was a highly productive year for the Kinerja Papua program in developing the leadership and management capacity of health-care professionals in the program's four supported districts.

Kinerja Papua implemented two bridging activities in the early portion of FY 2013 as its grant to PMPK-UGM was finalized, reviewed and ultimately approved. Those activities, a series of workshops on service standards and a separate series of workshops on SOPs, were designed to contribute to the program's overall goals while PMPK-UGM recruited and mobilized staff to the field.

The first of those bridging activities, a series of workshops to raise the awareness among related stakeholders on minimum service standards (MSS) in health care, was carried out from Oct. 15 to Oct. 25 in all four supported districts. On the supply side, these workshops aimed to improve knowledge and technical capacity of management units and health service units to integrate service standards into governance and management of basic health services, particularly Kinerja-supported priority programs. On the demand side, the objective was to ensure citizens were aware of their minimum rights to basic services and that they understood the service standards they could use as a reference to monitor and evaluate the services they received. The head of the DHO in Jayawijaya said the workshop was eye-opening in terms of how much work was yet to be done in bringing services up to standard. He also said the workshop had highlighted for him the importance of valid and accurate data in making policy adjustments to meet

Kinerja Papua conducted its second bridging activity – a series of workshops to support the development of SOPs related to service flows, as well as technical and non-technical procedures – between Jan. 14 and Feb. 8 for all 12 assisted *puskesmas* in Papua. Based on program staff field visits to partner districts, the workshops appear to have been very successful in transferring the skills needed to draft SOPs and apply them. As many as 30 additional *puskesmas* have expressed an interest in receiving Kinerja Papua technical assistance to refine their SOPs.

**PMPK-UGM**

Discussions at the end of FY 2012 to finalize the grant agreement with PMPK-UGM were more prolonged than expected, with several rounds of negotiations required to settle on a mutually

agreeable work plan and appropriate staff to carry out the proposed activities. A final proposal was submitted at the end of September 2012 for USAID approval, which was received at the end of October.

Following the recruitment, placement, orientation and training of local staff throughout the first quarter of the fiscal year, PMPK-UGM got underway with the implementation of its activities in the early portion of Q2. One of its first activities was to conduct a baseline assessment in each of the four supported districts to inform the design of its Performance Management and Leadership (PML) training series, aimed at enhancing the skills of both DHO and *puskesmas* staff. PMPK-UGM's baseline assessment, was conducted parallel to Kinerja Papua's Health Barriers Assessment.

In the months that followed, PMPK-UGM designed the PML training series modules to address a number of the barriers to health care identified in its field research, and organized a TOT in April, to prepare facilitators to analyze and describe existing case studies, use the e-learning modules and to host online and face-to-face trainings.

DHO officials from Kota Jayapura participate in an online discussion during the performance management and leadership training run by Kinerja IO PMPK-UGM.

From May to June, the PML training series was delivered in two ways: 1) Off-line discussions, facilitated by LDHE each week for seven weeks to discuss case studies (tailored for use at the DHO and *puskesmas* level) and prepare a presentation for an online discussion via Skype with speakers from Yogyakarta and, 2) Online learning, in which participants gathered together to discuss each case study and to reach a common solution together with assistance from the speakers. Each district held two online discussions per week, with separate discussions for participants from the DHO and from community health clinics. Participants were enthusiastic about this online learning tool, as measured by the average attendance rate of 85%. Training participants comprised 10 service unit heads (9 *puskesmas* heads and 1 DHO head), 75 *puskesmas* staff and 36 DHO staff. Of the 121 training participants, 75 were women (62%).

The results of each online learning session in the four partner districts can be accessed online at: www.manajemen-pelayanankesehatan.net/papua.

Following the conclusion of the online training course, DHO and *puskesmas* staff formulated lists of outstanding issues and drafted short-, medium- and long-term plans (due November 2013, December 2014, and beyond the conclusion of Kinerja Papua, respectively) to address any follow-up action items. Although full-fledged monitoring of the short-term action plans is not scheduled until their November 2013 due date, staff visits to the field indicate that somewhere between 30 and 50% of the items contained therein have already been completed.

Scheduling constraints on the part of DHO participants presented a slight challenge in the implementation of the PML training series, especially for the online sessions. However, when conflicts arose, sessions were moved to the following week or held twice a week following a common agreement, so as not to miss any material or case studies being discussed.

## 3.2 Enhancing Citizens' Understanding of their Health Rights

Since Kinerja Papua received approval from USAID in May 2013 for the Indonesian Association for Media Development (*Perhimpunan Pengembangan Media Nusantara* –

PPMN) as its media IO in Papua, the progress of utilizing media to support good governance in health-care delivery has progressed significantly. To create "noise" and encourage discussions on public service delivery and health issues in Papua, PPMN trained at least 10 citizen journalists, who agreed to establish a citizen journalism forum for peer learning. In addition, PPMN in collaboration with its local partners – mostly community and government-owned radio stations – began a series of capacity building workshops for journalists – both from radio, television or print media. A number of stories have already been produced, predominantly for radio, which raise issues on health rights and are disseminated to the wider community through live broadcasts from remote locations, in-studio radio talkshows and mini dramas. Moreover, Kinerja Papua continued to maintain engagement with local journalists affiliated with mainstream media outlets through a series of media gatherings to ensure that the mainstream media provides sufficient attention to health-care service delivery at the local level.

After PPMN received USAID approval for its grant at the end of May, it began to recruit local media facilitators and took part in a number of meetings orient its staff to aspects of Kinerja Papua's existing work. For example, PPMN staff attended Kinerja Papua's quarterly and annual planning meetings in June and September 2013, respectively. This helped the PPMN team to understand Kinerja Papua's health programs to improve communication between field staff in each district.

From the end of July to early September 2013, PPMN trained citizen journalist trainings in each area, starting from Kota Jayapura and ending in Mimika. A total of 51 citizen journalists, including 26 women, were trained. By the end of the fiscal year, 12 of those trainees, including five women, were already applying the skills they had learned and had written or produced 25 stories/radio products on several local government performance and issues, especially related to health rights and PSD. PPMN signed an MOU with local media Radio Kenambai Umbai Sentani in Jayapura, and has approached daily newspaper *Suluh Papua* in Jayapura, Radio RRI in Kota Jayapura, RRI Wamena in Jayawijaya, Radio LPP Mimika and daily newspaper *Radar Timika* in Mimika and TVRI Papua Television to make similar arrangements in order to provide space for citizen journalists to publish/broadcast their products. *Suluh Papua* and *Radar Timika* plan to publish citizen journalist contributions each week starting in November 2013.

PPMN and their local radio partners drafted three public service announcements (PSAs) in Jayapura and Kota Jayapura on topics ranging from the use of suggestion boxes for complaints at *puskesmas,* the role of a health committee in supporting better *puskesmas* services and public ownership of *puskesmas*. As of the writing of this report, RRI Jayapura and Radio Kenambai Umbai FM began to broadcast their first edition of talk show program in the studio and outdoor radio talk shows. Before these activities, PPMN provided in-house training to enhance their capacity to produce high-quality radio productions.

As PPMN's national television partner, Tempo TV recorded six feature productions on location that will be finalized and broadcast in the FY 2014. Tempo TV's features cover a story about a midwife working at a *puskesmas* along the border with Papua New Guinea, who despite the limited facilities continues to strive to deliver high-quality services. Another feature highlights the success of an HIV-positive man in Wamena who has worked with other HIV/AIDS patients a Kinerja-supported *puskesmas* in Jayawijaya to ensure they adhere to their drug regiments. Another feature tells the story of two women who recovered from TB within six months because they were able to obtain quality services from two Kinerja-supported *puskesmas* in Jayapura and Mimika.

In FY 2013, Kinerja also focused on finding potential partners for the alternative media program in Papua. Kinerja experienced a major setback when, in spite of prolonged discussions to establish a relationship with Yayasan Pikir Buat Nusantara (YPBN), both parties agreed to suspend proposal discussions as it became clear that the challenges in ensuring effective management of the organization and the responsible use of USAID funds were too difficult to overcome in the immediate term.

However, despite this setback, Kinerja identified a new potential partner that was interested in taking up the alternative media proposal. The non-profit foundation Forum Lenteng, founded in July 2003, focuses on media-based educational programming through films and video in addition to other publications such as books, magazines and websites to fulfill its goals. Forum Lenteng submitted its proposal in early August, which was forwarded to USAID for approval after a review by the Kinerja team. As this report was being written, Kinerja received approval from USAID, clearing the way for an effective start date of Nov. 1.

## 3.3 Supporting Demand for Health Services - MSF Engagement

Although progress in the first half of FY 2013 toward developing MSFs was quite slow, progress in the second half of the year picked up significantly. Before Kinerja Papua had IOs in the field to manage the development of MSFs, Kinerja Papua staff – LGHS – who played an increased role in initiating the development or revitalization of MSFs at the district and *puskesmas* levels.

In some districts, such as Kota Jayapura and Mimika, Kinerja Papua sought to revitalize existing MSFs concerned with maternal and child health at the district level. However, most of these forums already had work plans or management that did not allow for the involvement of a broader variety of stakeholders. Thus, Kinerja Papua staff was required to disseminate information about the program's goals, as well as the role of MSFs within the program's approach, to the public at the *puskesmas* level as well as to community and religious leaders, health activists and academics at the district level.

In the final quarter of FY 2013, IOs assigned to strengthen MSFs began their fieldwork after a rather lengthy grants selection and finalization process.

While the recruitment of appropriate IOs to strengthen MSFs was still underway, the introduction and initiation of MSFs was conducted by LHGS both at the *puskesmas* and district level. In the early stages, LHGS identified forums that already had potential to be strengthened as MSFs. Furthermore, LHGS also identified individuals from the government as well as community leaders, religious leaders and female leaders as potential MSF members. During this initiation process, local government demonstrated high levels of commitment and support to actively engage in and become part of MSFs' coordinating structures.

During this reporting period, Kinerja Papua initiated and established three MSFs at the *puskesmas* level in Jayapura and socialized MSFs to the leaders of community, religious and traditional associations at the district level. In Mimika, three MSFs at the *puskesmas* level were established in Limau Asri, Mapuru Jaya and Timika city even though their coordination structures are in need of revision. In collaboration with SUM 2, the LGHS in Jayawijaya ran three dissemination meetings in collaboration with the local AIDS commission to inform subdistrict key stakeholders about the program's approach in establishing and supporting *puskesmas*–level MSFs. These meetings resulted in a mutual agreement to collaborate with the district-level forum that had been previously established by the local AIDS commission, which

would serve as the MSF for Kinerja's activities and provide oversight of the service delivery at partner *puskesmas*.

Moving in parallel to the initiation process described above, Kinerja recruited IO partners to strengthen MSFs. A number of local organizations that were found to have sufficient capacity were identified and chosen as IOs, including Mother's Hope Foundation (*Yayasan Harapan Ibu* – YHI) for Jayapura and Kota Jayapura, AIDS Concern Foundation (*Yayasan Peduli AIDS* –YAPEDA) for Mimika and The Foundation for People's Rural Economic Welfare (*Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia* – YUKEMDI) for Jayawijaya.

At the national level, Kinerja Papua also selected CIRCLE to provide capacity building support for its IOs and MSFs.

In the final quarter of the reporting period, three local IOs began to recruit staff and began to complete their initial assessments. Additionally, IOs began to conduct meetings at the *puskesmas* level to formalize the establishment or revitalization of each MSF. Within one month, three *puskesmas*-level MSFs were formally established in Mimika, while in the other three districts, the formal established of MSFs at the district and even *puskesmas* level were ongoing as the writing of this report. In the following quarter, Kinerja Papua expects its IOs to begin strengthening MSFs that have been formally established, and to formalize those that have not yet done so.

Kinerja Papua realizes that this component has progressed slightly slower compared to other components. There are a number of reasons for this situation, including the unexpected length of time needed to finalization proposals from local organizations for submission to USAID. Kinerja Papua devoted a significant amount of time to negotiating a final scope of work with each of the three local IOs, and in developing strategies to ensure that their capacity development will be sufficiently supported to meet the program's goals. The program is now confident that progress can resume at a normal pace, and produce the desired results.

## 3.4 Cross-Cutting Issues

### *3.4.1 Minimum Service Standards (MSS)*

Technical assistance in MSS aims to improve the capacity of local governments, particularly DHOs in the four supported districts, to apply MSS to health service management, especially to planning, budgeting, implementation and monitoring and evaluation at the local government and service unit levels.

The MSS technical assistance package includes the following activity phases:

1. Workshop for increasing awareness and political support to improve health MSS achievement;
2. Comparative study on Good Practices in adopting health MSS—particularly relevant to Kinerja packages in non-partner districts—and developing an action plan to adopt the MSS in these districts;
3. Update and verify data to calculate health MSS achievement;
4. Data system strengthening and assessment of MSS achievement*;*
5. Analysis of gaps in achieving MSS targets, prioritization of causes of such gaps, and strategies for addressing them;
6. Costing to reduce gaps and related strategies;
7. Integrating MSS targets and costing into local plan and budget documents;

8. Assessment/evaluation of MSS achievement;
9. Facilitating sharing of experience and information on good practices in applying minimum service standards at the provincial level.

The indicators of success in Health MSS technical assistance and the targets of each indicator are presented in the following table:

| No | Indicators | Data Measured | Targets |
|---|---|---|---|
| 1 | MSS application in planning process | Number of districts/cities calculating costs of priority activities to achieve MSS (MSS Costing). | All Kinerja districts/cities have completed the Health MSS Costing |
| 2 | Utilization of activity prioritization results and/or MSS Costing in a plan/budget document. | Number of districts/cities utilizing activity prioritization results and/or MSS costing in budget negotiations | All Kinerja districts/cities have prepared their budgets based on the activity prioritization results and/or Health MSS costing |
| 3 | Frequency of MSS achievement evaluations | Existence/absence of annual MSS achievement evaluations | All Kinerja districts/cities conduct evaluations of Health MSS achievements at the end of each year or in quarter I of the following year. |

By the end of September 2013, Jayapura and Kota Jayapura had successfully analyzed the costs required to meet MSS with support from Kinerja Papua. MSS support for Jayawijaya and Mimika was also scheduled for delivery in September, but the DHOs in both districts requested a postponement until October due to scheduling conflicts.

Considering the fact that this aspect of the intervention only got underway in May, the level of achievement is encouraging, and given the fact that LPSS capacity is sufficient to facilitate the implementation of their MSS work plans, outcomes may potentially exceed program's expectations in FY 2014.

From the experience of the main Kinerja program, sustained advocacy efforts among the community and decision-makers become especially important as activity priorities are established and MSS costing results are taken into account in order to ensure that MSS compliance issues are accommodated in policies on planning, budgeting, monitoring and evaluation of health and education services. Kinerja Papua expects its collaboration with MSFs, media and communication with district decision-makers make significant contributions in this area.

**Lessons Learned and Plans for FY 2014**

The results from technical assistance as of September 2013 suggest that the intervention period and continuity contribute significantly to a successful intervention. The availability of local government MSS data, analysis of MSS activity unit costs, available support from consultants/informants/facilitators in intervention, active involvement of actors on both supply and demand sides, and sustainable advocacy to communities and decision makers also key success factors in MSS assistance. It is important to ensure that these key factors are available during the last year of Kinerja and in the years following through district governments' own resources.

Kinerja Papua will continue to use the success indicators described above to monitor progress toward overall goals in the MSS component and provide tailored support where required.

By learning these lessons, the district work plan in FY 2014 will focus on: (1) overseeing the integration of MSS costing into local planning and budgeting, and (2) building capacity to monitor and evaluate MSS application. At the provincial level, the focus will be on the strengthening of the province's role in promoting Kinerja's sustainable approach to MSS application including replication of MSS application to non-Kinerja districts, particularly in local planning and budgeting processes.

The strategies for intervention in districts/cities will focus on:

1. Continuing to strengthen the capacity of DHOs and service units in finalizing MSS costing for annual and/or mid-term planning and budgeting;
2. Improving the capacity of DHOs and service units to integrate MSS costing results into annual and/or mid-term planning and budgeting.
3. Facilitating monitoring and evaluation of annual Health MSS achievement by district governments.

### *3.4.2 Gender-based violence*

While gender is not included as a specific indicator in the Kinerja Papua PMEP, the program is committed to integrating gender into its strategy. As a part of its efforts to incorporate gender into the health system strengthening program, Kinerja Papua focused on building the technical capacity of district governments and the general public to establish an integrated service center for the protection of women and children (*Pusat Pelayanan Terpadu Perlindungan Perempuan dan Anak* – P2TPA), especially for women and children affected by abuse. Kinerja Papua focused on these efforts in two districts – Kota Jayapura and Mimika – considering the direct impact of gender-based violence and maternal and neonatal health outcomes.

Kinerja Papua held a series of workshops in Kota Jayapura that attracted the participation of stakeholders from the provincial, district and community level. The first workshop, held on March 18, focused on the integration of health services for women and children as victims of gender-based violence and services for HIV/AIDS in the Kota Jayapura. The district administration was very supportive of this activity as Deputy District Head H. Nuralam, SE.MSi, said that violence against women was closely related to HIV/AIDS. He noted that sexual assault and violence against women had particularly heavy impacts on women, in light of the cultural taboos against discussing what are primarily considered "domestic" topics in public. Therefore, he said integration between the DHO, Women's Empowerment Office, the police and the district branch of the HIV/AIDS Commission took on an increased importance. To ensure the integration of these services, Kinerja supported the establishment of cross-sectoral working groups. The workshop prepared MSS for women victimized by violence and strengthened the capacity of women and the media to conduct advocacy campaigns.

Based on a request from the DHO and the Women's Empowerment Agency in Kota Jayapura, Kinerja Papua facilitated a follow-up workshop on April 23-24 to discuss the integration of services for domestic abuse victims into public service standards. Thirty-eight participants attended, including 21 women, who represented a number of technical working units, government institutions, the state attorney's office, DPRD, NGOs and the Leadership Community of Women with HIV/AIDS. Ms. Rohika Kurniadi Sari, the assistant deputy for violence against women at the Ministry of Women's Empowerment and Children's' Protection, attended the workshop as the keynote speaker. She explained minimum service standards for integrated services for women and children affected by violence.

To follow up its work on addressing gender-based violence in these two districts in Papua, Kinerja Papua launched two RFAs – both with similar goals to ruduce gender-based violence through assisting local government to provide integrated services based on nationally mandated MSS and to raise awareness among young people about gender-based violence through reproductive health education.

In the last quarter of FY 2013, Kinerja Papua selected one organization, the Yogyakarta-based *Lembaga Pengembangan Perepmuan dan Anak* (LSPPA), as the IO an to assist the administrations of Kota Jayapura and Mimika to provide integrated services for women and children affected by violence based on the minimum service standards. Concurrently, Kinerja Papua appointed *Yayasan Kesehatan Perempuan* (YKP) to replicate the model it used to address underage marriage and adolescent reproductive health education in Bondowoso to raise awareness on gender-based violence. At the time of reporting, the proposals were being finalized for submission to to USAID for approval.

Gender-based violence remains a critical issue in Papua that affects the health outcomes of women and children. Although the central government has established MSS for integrated services for women and children affected by violence, awareness of these standards at the local level, let alone their implementation, remains low. Kinerja Papua has also observed that local budget allocations for addressing gender-based violence are also limited, leading to challenges for the Office of Women's Empowerment and Children's Protection at the district level in lobbying other sectors to join in the establishment of integrated service centers.

In addition, Kinerja Papua found that the number of local Papuan organizations working in this are was limited, as was their understanding of related minimum service standards. Those that were encountered were found to have very limited amounts of organizational capacity, which made it difficult for Kinerja Papua to endorse further collaboration.

# 4. Replication

In Kinerja Papua replication is limited to scaling the program up in partner districts. It includes activities that encourage exchange among the partner districts to share good practices and encourage competition among the four districts to improve their public services.

## 4.1 Kinerja Papua Project Management Committee (PMC)

The draft gubernatorial SK regarding the Project Management Committee was completed and signed by the governor in August. The process leading up to the signature of the SK was quite long because the draft that was submitted to the Regional Secretariat's Legal Bureau had been signed by the head of Bappeda, Alex Rumaseb, who had since retired. This required that the draft be revised, and resubmitted for signature by the new head of Bappeda, Ahmad Mussad, to be resubmitted to the Legal Bureau and on to the governor's office for final signature. In order to complete the approved SK PMC, BaKTI will encourage the new head of Bappeda to release a Head of Bappeda Regulation that will approve the Health Task Force which is part of the PMC.

Aside from the process outlined above, BaKTI facilitated the second and third meetings of the PMC. The second meeting coincided with the Good Practices Seminar which aimed to follow up on the seminar and to share information on the development of Technical Teams in each district. At the third meeting, aside from discussing Kinerja Papua achievements, the discussion focused on the provincial government's requests from Kinerja. From this third meeting, it

became clear that the PMC at the provincial level is more effective if focused on discussing the relationship between Kinerja Papua and the provincial government rather than on discussing support for the districts. Therefore, those discussions will be held separately at the district level between the provincial Technical Team, Kinerja Papua and the technical teams at the district level with facilitation support from BaKTI.

Additionally, the documentation of good practices in Papua became an important mandate of BaKTI, in order to serve as a point for discussion at the PMC meetings at the district level. Throughout FY 2013, BaKTI documented three good practices, including medical contract systems in Jayapura; *puskesmas* budgeting systems with direct support from the district budget; and public-private partnerships in health through PT Freeport Indonesia CSR activities in Mimika.

## 4.2 Health Barriers and Good Practice Seminars

Implementation of the Health Barrier Assessment and Good Practice seminar became one of the main focuses of Kinerja Papua in this fiscal year. Despite of the challenges work with local researchers in Papua, Kinerja Papua managed conduct the assessments in collaboration with PKMK UGM and the Eastern Indonesia Researchers Network (JIKTI), one of BaKTI supported networks.

The health barrier assessment was conducted by Kinerja Papua in collaboration with PKMK UGM. Kinerja Papua staff implemented FGDs and interviews with the community/demand side regarding the barriers to access public health care such as at *puskesmas* and health posts. The findings from the community were then further clarified and explored with *puskesmas* staff and district health officials as part of PMPK UGM's baseline assessment. Kinerja Papua conducted the data collection on Feb. 7–15, involving two FGDs with community members living within the coverage area of Kinerja's partner *puskesmas* in each of the districts and several followed up with in-depth interviews both with the community (as needed) and with health-care providers. A total of 97 people participated in the assessment (excluding PMPK UGM's baseline assessment with district health officials in four districts).

Key findings included the unreliability and inaccessibility of *puskesmas* services, negative perceptions of the quality of services, perceptions of low capacity of local health-care providers and limited knowledge of various health-care finance schemes among the public, especially in big city such as Kota Jayapura. On the supply side, various factors that contributed to the barriers were identified, including a lack of supervision and oversight by *puskesmas* managers and district health officials, a lack of discipline and work ethic among staff and dysfunctional or limited functionality of leadership and stewardship of DHOs (especially in Jayawijaya and Mimika). The findings highlighting unreliability of services and lack of staff disciplines were further confirmed by Kinerja Papua M&E baseline data findings, utilizing Client Satisfaction Survey conducted as a quantitative survey with 1800 participants.

Following the health barrier assessment, two JIKTI researchers conducted a good practice assessment, where they reviewed existing good practices in eastern Indonesia which addressed some of the barriers and then conducted field assessment to see adjustment needed should the good practices would be implemented in the four regions in Papua. The researchers came up with five good practices:

- A "delivery house" (*rumah tunggu*) to ensure pregnant women having their delivery assisted by health workers;

- A safe house (*rumah aman*) for women and children affected by violence;
- Infectious Disease Center (taken from Malaria Center) to ensure multi-sector cooperation in reducing cases of infectious disease;
- The allocation of *puskesmas* budgets directly from local budget to allow *puskesmas* more flexibility in responding to local needs; and
- A mobile clinic using a motorcycle to for medical outreach efforts.

Health experts, DHO officials, and Kinerja COP Elke Rapp participate in a roundtable discussion during the Health Barrier Seminar in Kota Jayapura on May 6-7.

On May 6-7, as the culmination of months of research and planning focusing on barriers to health care and good practices to address the barriers, Kinerja Papua hosted the Health Barriers Assessment/Good Practices Workshop in Kota Jayapura. The regent of Jayapura and the mayor of Kota Jayapura attended the two-day seminar, along with 238 representatives (men/women) from project-supported *puskesmas*, DHOs and relevant provincial authorities and the NGO and international donor community. The seminar featured discussions on the results of Kinerja's research on health barriers and highlighted six good practices in the delivery of health services that had successfully been implemented either in Papua, Maluku, North Maluku, East Nusa Tenggara or elsewhere in eastern Indonesia. Following the interactive presentation of these good practices, which was facilitated by Kinerja partner BAKTI, each Kinerja partner district identified at least one good practice they wanted to adopt.

Those good practices included the following: Jayapura selected the AIDS, TB, Malaria (ATM) center and ATM posts at puskesmas/village level; Jayawijaya selected the safe delivery house (*rumah tunggu*); Kota Jayapura committed to implementing "m-Health", a mobile/SMS-based data collection system for health related statistics; Mimika sought to combine two good practices – domestic abuse shelters and safe delivery houses – by training midwives to deal with domestic abuse issues. Following the two-day seminar, Kinerja Papua staff in the districts have been working with supply and demand initiatives to ensure these pledges are honored, including by supporting advocacy efforts to set aside budget resources for the implementation of these good practices. In the last quarter of FY 2012, Mimika District is the more advance district in following up their commitment – which they conducted series of meetings to sharpen their plan, which now they called "Bidan Simpatik" program.

## 4.3 Cooperation with Donors

Kinerja Papua coordinated and cooperated with a number of other programs, including those supported by USAID and by other donor agencies, in order to harmonize efforts between Kinerja and other programs in the health sector. Kinerja also supported the Provincial Health Office to facilitate routine meetings of the Health Partners Forum (Forum Mitra Kesehatan) at the provincial level.

**UNICEF**

Both Kinerja Papua and Unicef are conducting interventions to improve the capacity of the DHO in planning and budgeting. Unicef is familiar with the use of "Investment Case" as an evidence-based planning and budgeting tool, especially for maternal and child health. Meanwhile, Kinerja Papua encourages the use of MSS as the basis for planning and budgeting. Seeing the differences in approach, the Provincial Health Office worried that confusion might

arise at the district level about which tools to use. Therefore Kinerja and UNICEF conducted a coordinated approach to integrate both approaches.

**SUM II**

Kinera Papua's partner districts of Jayawijaya and Mimika are also the working areas of SUM II, which also encourages the establishment of MSFs at the district level as one of their program strategies. Through coordination, Kinerja Papua and SUM II agreed to use an MSF that had already been established at the district levey by the AIDS Commission (*Komisi Penanggulangan AIDS* – KPA) as a way to implement their respective approaches. Although basically the KPA's district forum was established to cover HIV/AIDS issues, Kinerja and SUM II will encourage the forum to discuss broader health issues at the district level. Furthermore, SUM II is willing to use complaint surveys as a tool to strengthen MSFs in other districts that it supports.

**Forum Mitra Kesehatan**

In July 2013, Kinerja Papua supported a meeting of Forum Mitra Kesehatan which was attended by 25 donor-supported health programs working in Papua. This forum routinely meets every three months in coordination with the Papua Provincial Health Office. Coinciding with the inauguration of One Wakur as the new head of the Provincial Health Office, the meeting Kinerja Papua facilitated offered an opportunity to introduce each program to the new health official.

**Lembaga Pengembangan Masyarakat Amungme dan Kamoro (LPMAK)[26]**

Kinerja Papua cooperated with LPMAK to increase the capacity for planning and budgeting of the DHOs based on MSS, and LPMAK provided financial support for a number of activities. At the *puskesmas* level, LPMAK encouraged the implementation of SOPs at the *puskesmas* they supported. In addition, LPMAK also supported the implementation of follow-up action plans that resulted from the PML training that was conducted by PMPK-UGM.

**Clinton Health Access Initiative (CHAI)**

Kinerja Papua and CHAI cooperated in Jayawijaya to encourage the implementation of service-oriented SOPs and technical SOPs at the *puskesmas* level through a series of trainings and workshops and by working with the DHO. Although both programs work on the issue of SOPs, CHAI primarily focuses on support for the drafting of technical SOPs related to HIV/AIDS while Kinerja focused on more general public service SOPs.

## 4.4 IO Capacity Development

Given that one of the program's mandates is to build the organizational capacity of local groups related to good governance in public services at the district level, Kinerja Papua put forth a considerable effort in FY 2013. One strategy that was developed by Kinerja was to train new

[26] Freeport-McMoRan Copper & Gold Inc. (Freeport) who operates a health program under its Corporate Social Responsibility division in Mimika District, also established and is funding the NGO Lembaga Pengembangan Masyarakat Amungme dan Kamoro (LPMAK) that implements health programs in TB, Malaria, Water & Sanitation, maternal and child's health and nutrition. Like Kinerja Papua, it is focusing on health system and community system strengthening.

IOs before they began the implementation of their activities. This training included an introduction to the Kinerja approach as a governance program to strengthen health services in Papua, as well as tools that are used as mechanisms to encourage public participation in accountability, transparency and responsive public services – tools that are relevant within the scope of work for each IO. Throughout FY 2013, Kinerja Papua conducted four trainings with its IO partners (once for PMPK-UGM, once for PPMN, and twice with local MSF grantees) to familiarize them to the program's approach and the tools it uses.

Additionally, Kinerja is also aware that the approach to strengthinging and improving the role of district- and *puskesmas*-level MSFs in advocacy and public oversight, as well as complaint handling mechanisms, are not yet fully understood by local organizations in Papua that have been mandated with oversight of the district. This situation, coupled with the initial observations and assessments of organizational and technical capacity of these IOs, indicates that intensive capacity building efforts are required. Therefore, Kinerja issued an RFA focused on supporting and developing the capacity of local IOs and MSFs – particulary regarding evidence-based advocacy, complaint surveys, project management cycles, and networking and partnerships. Circle Indonesia, a Yogyakarta-based organization that has long focused on supporting local organizations to develop organizational capacity, was selected as a strong candidate. At the time of writing, the proposal for Circle Indonesia had just been approved by USAID and activities are expected to begin on Nov. 1.

# 5. Project Management

This section of the report covers grants under the Kinerja Papua program as well as status of cost share.

## 5.1 Grants Management

During this reporting period, USAID approved 6 grants for the Kinerja Papua program, each with a duration of 12 months. Current Kinerja Papua grants are BaKTi, PMPK UGM, PPMN, YHI, YAPEDA and YUKEMDI. The total amount grant awarded is **USD 717,001.35.** Kinerja Papua issued an additional seven Request for Applications (RFAs) to maximize the output of the Kinerja Papua program through sole source and limited competition mechanisms.

Details of additional RFA for Papua grants are listed below:

| No | RFA Title | Project Location | Organization Proposed |
|---|---|---|---|
| 1 | Kinerja Papua Expansion for Health Systems Strengthening: Health Rights Promotion Through Alternative Media in Papua ("Media untuk Papua Sehat/ Media for Healthy Papua") | All District Kinerja PAPUA | Forum Lenteng |
| 2 | Providing technical assistance to strengthen the capacity of Kinerja's IOs focusing on strengthening MSF | All District Kinerja PAPUA | CIRCLE Indonesia |
| 3 | Strengthening Capacity and the Role of Parliament (DPRD) in Budgeting and Public Service Supervision Standards-Based Health Services in Papua Province | All District Kinerja PAPUA | Komite Pemantau Legislatif (KOPEL) |

| No | RFA Title | Project Location | Organization Proposed |
|---|---|---|---|
| 4 | Strengthening MRP Capacity to Perform Rights Protection of Public Health within the framework of special autonomy and Standards-Based Health Services in Papua | Kinerja PAPUA: Province | Intitute for Civil Society Strenghtening (ICS Papua) |
| 5 | Strengthening Capacity for the Tradition and Religious Institutions to Advocacy and Promotion Health Rights Promotion | All District Kinerja PAPUA | Yayasan Konsultasi Independen Pemberdayaan Rakyat (KIPRa) – Papua |
| 6 | Adolescent Reproductive Health Education for Prevention of Gender-Based Violence in Mimika | Mimika, Papua | Yayasan Kesehatan Perempuan (YKP) |
| 7 | Mentoring Integrated Services for Women and Children Victims of Violence Service Standards-based Kota Jayapura and Mimika | Kota Jayapura and Mimika, Papua | Lembaga Pengembangan Perempuan dan Anak (LSPPA) |
| | Total | | |

### 5.2 Cost Share

The total cost share achieved to date is about 5.4% of the total cost share commitment for the duration of the program. Additional cost share is presently being reviewed and will be soon reported, raising Kinerja Papua's FY 2013 cost share achievement to 60% of the committed cost share for Y-3.

Experience from the Kinerja Core program has shown that in the initial years of the project, local government confidence must be generated based on evidence from successful Kinerja-supported interventions. Only then are local governments ready to allocate funding. In its third year of implementation, Kinerja Core has reached a mature stage and is making good progress in raising cost share. We expect to see a similar trend in Kinerja Papua's cost share contribution over the coming year. Nevertheless it should be noted that it has proven extremely difficult to raise cost share in Papua, where local partners are unaccustomed to the practice and where other donor programs do not requesting partner contributions.

## 6. Challenges and Steps Taken

As stated in the Kinerja Papua proposal, there are a number of sensitive issues unique to the Papua context that will influence program implementation. Kinerja will develop risk management strategies for each of these key categories.

**Cultural Context:** Papua's rich cultural diversity presents both a tremendous asset and a significant challenge in the effective and efficient delivery of health services. Papua's linguistic diversity presents direct challenges in communication, but also indirect challenges related to narrow definitions of being an "outsider" even among native Papuans. This creates a challenging operational environment for discussions about sensitive health issues such as HIV/AIDS. Kinerja will build upon local wisdom and engage with church groups and

traditional groups to ensure effective cultural approaches, especially in the media outreach program for understanding health rights. Kinerja national and local staff have identified key community stakeholders and influential local organizations that are involved in the health sector and can interpret the socio-political context and guide Kinerja interventions. Kinerja has also engaged the services of a short-term technical advisor (STTA), who is a well-respected elder and leader in Papua, to advise the program on cultural issues, and Kinerja will also rely on the advice and networks of indigenous Kinerja Papua staff.

**Elections:** A series of Government of Indonesia (GOI) Supreme Court decisions about the eligibility of candidates and the authority to conduct elections led to delays in gubernatorial election process in the first year of implementation. Delays in the inauguration of Lukas Enembe had knock-on effects for the renewal of the Program Management Committee's (PMC's) administrative authorization at the provincial level. Now that Enembe has taken office, he is beginning to implement his own vision for the development of the province, and Kinerja will work to ensure that its interventions support a shared vision for improvements in public services.

**Peace and Conflict Context:** Security issues are a constant concern in Papua and contribute to an environment of uncertainty. Frequently, activities need to be cancelled at the last minute or rescheduled, which leads to additional costs and program delays. This situation also creates a tense working environment for Kinerja Papua staff. Program staff are working in the volatile areas of Jayapura, Jayawijaya, and Mimika and will take extra precautions in those areas. As part of the Mobilization Plan, Kinerja Papua has developed a security and emergency plan for all staff based in Papua and all national staff traveling to Papua and is in contact with local and international security forces.

**Low Capacity of Partners:** The low levels of capacity among Indonesian civil society organizations have required Kinerja to expend a great deal of effort to address skills gaps of its partner CSOs, and the levels of training required have occasionally slowed implementation progress toward key goals. This capacity challenge is acutely apparent in Papua, where Kinerja technical staff have been required to provide more attention and oversight than initially assumed due to the limited ability among civil society organizations to carry out technical and governance reform related activities.

**Expectation to Raise Large Amounts of Cost Share:** There is a concern about the expectation to raise large amounts of cost share, while it is common practice (also among other USAID projects) that development partners in Papua pay local governments for participation in their programs. Kinerja Papua will continue to discuss cost sharing arrangements with local governments and explain that Kinerja Papua assistance is supplementary and not a substitute for local programming; therefore, the costs of travel, per diem, and other costs related to attending Kinerja Papua events, workshops or trainings, should be paid for through the normal government mechanisms. As mentioned in the cost share section above, Kinerja Core's experience indicates that local governments eventually become accustomed to the partnership arrangements, although cost share may be low in the first and second years.

**Transfers/Turnover of Key Government Partners:** High levels of turnover among government counterparts in Kinerja Papua districts have caused setbacks in progress toward overall programmatic goals and have hindered the development of strong working relationships with relevant district offices. Kinerja continues to work to build and strengthen these relationships, and to introduce the program and its approach whenever necessary.

# 7. Monitoring and Evaluation

## 7.1 Summary

Social Impact (SI) supported Kinerja Papua M&E planned activities and monitored initial implementation activities in FY 2013. Several implementing organizations (IOs) were contracted in the final quarter of FY 2013[27], and the M&E Team developed and disseminated training on an online and offline data and program activity reporting system to these organizations. The online reporting tool will be used by Jakarta-based organizations while the offline tool will be used by Papua-based organizations, due to the limited access to internet and web infrastructure in many program locations in Papua. The Kinerja Papua M&E Team also completed the Organization Capacity Assessment (OCA) and Customer Satisfaction Survey (CSS), detailed below. The M&E Team maintained an M&E Specialist in Papua until the completion of both of these baseline assessments for quality control.

The team finalized the Performance Management and Evaluation Plan (PMEP) and its indicators in FY 2013. Following intensive discussions with the Kinerja Papua Team, UGM, USAID, and Social Impact technical experts, the Papua M&E Team prepared the current PMEP (version 3), which includes 22 indicators and targets for FY 2013 and FY 2014. The PMEP was approved in December 2013 but continues to undergo minor revisions in line with USAID requests, which are scheduled to be completed in the first quarter of FY 2014.[28]

The M&E Team faced challenges throughout the fiscal year that were considered in the development of the FY 2014 Work Plan. The finalization of the PMEP was delayed due to geographic constraints and coordination challenges between Jakarta-based Technical Specialists and the Papua M&E Specialist. It was challenging, in addition, to identify Papua-based organizations that had sufficient capacity to implement the CSS.

Kinerja Papua M&E-related activities for FY 2014 will focus on the implementation of the M&E system established in FY 2013, including regular participation in district planning meetings, spot checks throughout Kinerja's districts to proactively collect and verify reporting achievements, and regular check-in calls. The M&E Team will also train all IOs and Kinerja staff on the updated PMEP and conduct endline data collection for both the OCA and the CSS.

## 7.2 Baseline Data Collection

### Organization Capacity Assessment (OCA)

The Organizational Capacity Assessment (OCA) measured the Kinerja Papua service units' organizational capacity, specifically in the areas of participation, transparency, accountability, and responsiveness. The M&E Team contracted one STTA to complete the OCA. The Papua-based STTA, with the support of the Papua M&E Specialist, measured the organizational capacity of four District Health Offices and twelve community health centers (*puskesmas*).[29] The field work began in April 2013 and was completed in each of the four Kinerja-assisted districts in Papua. Preparation for the OCA, conducted in the first and second quarters of FY

[27] Three IOs were contracted for the MSF intervention in FY 2013.

[28] The submitted PMEP in November 2013 will represent Version 4 of the Performance Monitoring and Evaluation Plan.

[29] The total number of staff interviewed was 160 [10 respondents per organization times 16 (12 *puskesmas* + 4 DHO) = 160 total respondents].

2013, included methodology research and questionnaire development. Pilot testing was completed in March 2013. The interviews with each health organization included closed-ended survey questions about service delivery.[30] At each health center and office, respondents were selected through cluster random sampling by department.[31] Data collection was completed over four weeks, starting on April 8 and ending on May 3.

Preliminary analysis of the average OCA scores across sampled organizations reveal low capacity in public participation and access to information. Districts have uniformly low scores in both of these areas. As expected, Kapubaten Jayapura had higher OCA average scores than other Kinerja Papua districts. The Kinerja Papua program team can use this information to guide their intervention strategy, focusing on each districts' unique weaknesses in addition to the common need for increased capacity in community participation and dissemination of information.

The results of the OCA have contributed to the calculation of the baseline level of capacity for health service units (Indicator #5). The average of the organization capacity score, included in the table below, will be included on the PMEP in Q13 of FY 2014. The baseline score will also allow the M&E Team, in consultation with the Kinerja Papua program team, to set FY 2014 and End of Project targets.

Baseline OCA scores (Indicator #5)[32]

| | | | | |
|---|---|---|---|---|
| Kota Jayapura | District Health Office<br>75.1 (of 112) | Puskesmas Tanjung Ria<br>76.5 (of 12) | Puskesmas Abe Pantai<br>75.5 (of 112) | Puskesmas Koya Barat<br>76.8 (of 112) |
| Kabupaten Jayapura | District Health Office<br>86.8 (of 112) | Puskesmas Dosay<br>79.8 (of 112) | Puskesmas Depapre<br>85.1 (of 112) | Puskesmas Sentani Kota<br>76.4 (of 112) |
| Kabupaten Mimika | District Health Office<br>80.1 (of 112) | Puskesmas Timika Kota<br>76.1 (of 112) | Puskesmas Mapuru Jaya<br>77.6 (of 112) | Puskesmas Limau Asri<br>63.3 (of 112) |
| Kabupaten Jayawijaya | District Health Office<br>61.2 (of 112) | Puskesmas Musatfak<br>62.9 (of 112) | Puskesmas Hom Hom<br>62.5 (of 112) | Puskesmas Hubikosi<br>56.3 (of 112) |

[30] OCA questionnaire includes Likert scale questions such as the following under *Accountability:* "Dinkes/Puskesmas*puskesmas* memiliki Standar Operasional Prosedur (SOP) alur pelayanan untuk pelayanan yang diberikan (Misalnya terkait pelayanan KIA, TB dan HIV)". The Accountability section included 7 questions; the Responsiveness section included 6 questions; the Community Participation section included 7 questions; and the Transparency section included 8 questions.

[31] District Health Offices and *Puskesmaspuskesmas* are organized according to three levels. The team used systematic random sampling to select departments within each of these levels. The team then randomly selected one respondent from the selected departments for the OCA.

[32] The unit of measurement is the average of the Organization Capacity Score for each organization. Each organization has scores for

## Customer Satisfaction Survey (CSS)

The CSS is an important component of the Kinerja Papua baseline for the program goal indicator (Indicator #22) regarding Kinerja's demand side intervention.[33] The CSS enables the Kinerja Papua team to monitor and oversee its implementation and progress throughout the course of the project. The survey measured the level of satisfaction for service unit (*puskesmas* or district health office) users with service quality, assessing the service unit on issues such as speed, fairness, price, timeliness, security, and comfort. The CSS was completed according to the Ministry for State Apparatus and Bureaucratic Reform (Kemen PAN&RB) Decree No. 25/2004's service unit user's satisfaction index. The survey respondents were customers of Kinerja partner *puskesmas* in Jayapura, Kota Jayapura, Mimika, and Jayawijaya.

Preparation for the study, beginning in April 2013, included questionnaire, methodology, and tool development as well as internal coordination and a procurement process between SI and RTI. In Q11, the M&E Team concluded the CSS, working closely with Himpunan Peneliti Kesehatan Fakultas Kedokteran Universitas Cendrawasih (HPK FK-UNCEN). Data were collected from 1,800 respondents from twelve *puskesmas* in four Kinerja-assisted districts.[34] HPK FK-UNCEN conducted data collection from April 16 to May 18, 2013.

The change in the average index of user satisfaction will show the improvement of service delivery units over the program period. The table below includes the customer satisfaction scores, calculated according to the KeMenPAN Decree, for each organization in the four districts surveyed.

Baseline CSS score (Indicator #22)

| | | | |
|---|---|---|---|
| Kota Jayapura | Puskesmas Tanjung Ria<br>B<br>(73,47) | Puskesmas Abe Pantai<br>B<br>(72,30) | Puskesmas Koya Barat<br>B<br>(69,98) |
| Jayapura | Puskesmas Dosay<br>B<br>(71,66) | Puskesmas Depapre<br>B<br>(71,44) | Puskesmas Sentani Kota<br>B<br>(71,02) |
| Mimika | Puskesmas Timika Kota<br>B<br>(72,89) | Puskesmas Mapuru Jaya<br>B<br>(71,93) | Puskesmas Limau Asri<br>B<br>(68,85) |
| Jayawijaya | Puskesmas Musatfak<br>B<br>(70,17) | Puskesmas Hom Hom<br>B<br>(68,81) | Puskesmas Hubikosi<br>B<br>(68,63) |

The highest CSS score was in Jayapura, Puskesmas Tanjung Ria (73.47) and the lowest CSS score was in Jayawijaya, Puskesmas Hubikosi (68.63). The average scores across the districts reveal similarities in the level of customer satisfaction, despite differences between areas like Jayapura and Jayawijaya. Average scores are:

[33] Indicator #22 reads, "Customer satisfaction index related to health service delivery units).".
[34] 150 service users were interviewed at each *puskesmas*.

- Kota Jayapura : 70.92
- Kabupaten Jayapura : 70.53
- Mimika : 71.22
- Wamena : 70.18

Most customers of the surveyed *puskesmas* identified the following as problems in service delivery:

- Discipline of Service Workers (12 of 12 *puskesmas*)
- Certainty of Service Schedules (10 of 12 *puskesmas*)

The Kinerja M&E Team disseminated the findings of this survey to district and provincial staff in September 2013, ensuring that program planning and implementation can focus on areas in health service delivery that have been identified by users of these services as inadequate.

**Health Barriers Assessment**

The M&E Team supported Kinerja Papua's local partner PMPK-UGM in implementing the health barrier assessment in February 2013. The Papua-based M&E Specialist provided data quality assurance during data collection in all four Kinerja assisted districts. The Specialist also assisted in the analysis of the preliminary data.

## 7.3 Measuring Kinerja Papua's Achievements

During this reporting period, the M&E Team recorded performance indicator achievements and analyzed under and overachievement for Kinerja Papua. Of the 10 USAID governance indicators and Kinerja activity indicators that have FY 2013 targets, the Kinerja program reached its targeted achievements in 3 indicators and made progress in another 3 indicators.[35] Kinerja Papua's many program activities in the last year, described in this report and in the Indicator Achievement Table (Annex B-1), led to progress in sub-intermediate results outlined in the Kinerja Papua program results framework (See Annex B-2 ).

Kinerja Papua made progress in improving health service delivery units in Papua through training supported by PKMK-UGM and by Kinerja Papua staff. A total of 193 individuals were trained in FY 2013 (GJD 2.3.6), exceeding the target of 152 individuals. PKMK-UGM completed training sessions on Leadership and Management for 121 staff at Kinerja partner *puskesmas* and district health offices. An additional 72 unit staff received training from Kinerja on minimum service standards and standard operating procedures. This significant progress led to the creation of 93 short term action plans to address current challenges and management problems in partner units (Indicator 8). These action plans were developed by trainees and were socialized and/presented to local communities and other government bodies to ensure accountability and transparency. Kinerja's partner PKMK-UGM has planned monitoring activities of these action plans in FY 2014, the results of which will be tracked in Indicators 9 and 10.

Kinerja Papua has made progress in the development of mechanisms for service user and citizen engagement in Kinerja-supported districts (Indicator 12). Though there were no MSF

[35] The Kinerja Papua PMEP includes 22 Indicators in version 3. Of the 22 indicators, 10 have FY 2013 targets. There were four indicators with FY 2013 targets that have no recorded progress to date because activities are scheduled for the first quarter of FY 2014 (Indicator 9 and 10).

formally established in FY 2013, Kinerja Papua implementing partners that support the MSF intervention made significant progress in promoting the development of MSFs in all Kinerja Papua districts since the start of their grants in August 2013. In only a few short months, partners conducted activities including hearings and socialization meetings regarding MSF formation. All partners plan to support the formal establishment of MSFs in the first quarter of FY 2014.

Kinerja Papua has also made progress in the dissemination of information on local government responsibilities and performance in FY 2013. Radio Kenambai Umbai finalized an MOU with a Kinerja Papua implementing partner, agreeing to produce a weekly hour-long talk show and health related radio ads (Indicator 16). Kinerja Papua partners also trained a total of 52 citizen journalists, 8 of whom reported on local government performance in FY 2013 (Indicator 17). These 8 journalists wrote 12 reports which also contribute to Indicator 18, counting the number of media products produced. Kinerja Papua exceeded targets for FY 2013 for Indicator 18. There were also three radio PSAs developed by RRI Jayapura. In addition to these verified achievements against Kinerja Papua indicators, significant progress was noted that will lead to achievement in early FY 2014. Six additional media outlets progressed in discussions about regular programing slots for Kinerja topics (Indicator 16). Furthermore, Radio Kenambai Umbai finalized a TOR for a radio show at the end of September that will air in October, and contribute to FY 2014 targets for Indicator 18.

## 7.4 Lessons Learned and Steps Forward

Planning for the upcoming year of Kinerja Papua programming benefited from the lessons learned in FY 2013 both in Papua and in the Kinerja Core project, specifically regarding data quality, verification, and monitoring. The team developed a new offline tool for reporting, considering the unique Papuan context, and also reviewed trainings used for the online reporting system to ensure that all challenges that Kinerja IOs for the main program faced have been addressed. The M&E Team adjusted M&E policies and procedures from the main Kinerja project to clearly identify, in detail, how the M&E Specialist and Team Leader will ensure adequate M&E support for Kinerja's Papua activities. The team also reviewed the PMEP for final revisions in light of RFAs and proposals developed for implementing partners. The M&E Team worked closely with the program team to ensure that Kinerja staff had ownership of and commitment to the PMEP as a monitoring tool that seeks to capture Kinerja Papua performance achievements.

Kinerja Papua M&E-related activities for FY 2014 will focus on the implementation of the M&E system established in FY 2013. This will include ongoing data monitoring collection (via online and offline tools), verification, and reporting for indicators finalized in FY 2013. The M&E Specialist for Papua will attend all district planning meetings and will conduct spot checks throughout the four districts to ensure proactive collection of achievement evidence.

More specifically, the M&E Team will attend the four district planning meetings scheduled for FY 2014. The M&E Specialist will complete a spot check in one Kinerja district before or after each of these scheduled meetings. The M&E Specialist, or an M&E Assistant based in Papua[36], will complete a spot check in one other district each quarter. The M&E team will, therefore,

[36] Based on recommendations from the Kinerja program team, the M&E team is currently considering adding an M&E Assistant, based in Papua, to the M&E team for FY 2014.

conduct two spot checks in each Kinerja Papua district in FY 2014. During these spot checks, the team will complete the following:

- Collect evidence for reported achievements in the monthly IO reports;
- Randomly select *puskesmas*/DHO to visit and verify reported achievements;
- Conduct capacity-building activities with IOs and Kinerja district staff; and,
- Meet with the IOs and LGHS to determine if there are reporting, data collection, or M&E related questions or challenges that need to be addressed.

The M&E team is aware of unique challenges in Papua to the collection of evidence to verify Kinerja Papua achievements. The team, therefore, has developed and will implement a more robust communications strategy in which a M&E Specialist will schedule check-in calls/communication with IOs and LGHS at regular, monthly intervals in order to capture unreported progress and cover other gaps in data collection. The potential addition of an M&E Assistant based in Papua may also increase the team's ability to collect valid and reliable data in a timely fashion.

The M&E Team also plans to improve communications with the Kinerja Papua team. At the beginning of every quarter, the M&E Team Leader and/or M&E Specialist will share a M&E quarterly work plan with the Kinerja Papua Program Manager in order to synergize M&E visits with Kinerja Papua planned activities, such as the district planning meetings. In addition, the M&E Team will write short briefs after spot checks and field visits that will be submitted to Kinerja Papua leadership/management via email. These briefs will outline challenges noted during the field visit to program implementation or M&E-related requirements and any feedback gathered from Kinerja partners or district staff. This will enable the program team to incorporate monitoring feedback into program management more regularly and systematically.

Other scheduled M&E activities for FY 2014 include training for all Kinerja Papua field staff and IOs on the finalized PMEP and on the online and offline reporting system. The team will also complete quantitative end-line data collection and qualitative data collection at the end of FY 2014.

# Annex B-1: Kinerja Papua Performance Monitoring and Evaluation Plan Achievement[37]

**Current Reporting Period: Fiscal Year 2013 (October 2012 – September 2013)[38]**

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| **USAID Governing Justly and Democratically (GJD) Indicators** | | | | | | | | | |
| 1 | GJD 2.2.3-3: Number of local mechanisms supported with US Government assistance for citizens to engage their subnational government | 0 | n/a | | | | | n/a | There is not a FY 2013 target for this GJD indicator because the indicator relates to achievements in MSF creation and service charters. This indicator will be reported in FY 2014. |
| 2 | GJD 2.2.3-4: Number of local non-governmental and public sector associations supported with US Government assistance | 0 | 11 | | | | | 6 (54%) | There were a total of 6 implementing organizations that received Kinerja support in FY 2013, including BaKTi, PKMK – UGM, PPMN, Yukemdi, Yapeda, and YHI. |
| 3 | GJD 2.3.6: Number of individuals who received US Government-assisted training, including management skills and fiscal management, to strengthen local government | 0 | 152 | | | | | 234 (154%) | PKMK UGM completed training (including online and offline sessions) for staff at partner *puskesmas* and district health offices in the four Kinerja districts. Among those that received the Leadership and Management training from UGM were 10 head of units (9 *puskesmas* head and 1 district health office head), *puskesmas* staff (75), and district health office staff (36). Of the 121 trainees, 75 were female (62%).<br><br>In addition to the 121 government officials trained by UGM, there were 165 government officials trained by Kinerja on SPM (October and November 2012) and SOP (January and February 2013). There were a total of 52 individuals that participated in both trainings, leading to a total number trained for FY 2013 of 234. Of the 113 solely Kinerja-trained officials, a total of 76 were female (67%).<br><br>The Kinerja SOP and SPM trainings targeted the same individuals as the UGM trainings (which only started in May 2013) and also included participants from local CSOs, religious groups, and government units not directly related to service |

[37] Indicator achievement reported based on Kinerja Papua PMEP v.3 submitted on May 6, 2013. Kinerja Papua is revising the fourth version of the Kinerja Papua PMEP based on USAID feedback and will submit a fourth version in the first quarter of FY 2014.

[38] Final totals are based on the M&E Indicator Database, October 24, 2013.

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| | | | | | | | | | delivery. There were 53 individuals from these categories that received Kinerja training but are not counted in this indicator. |
| **Global Health Indicator** | | | | | | | | | |
| 4 | GHI 1.2.2.2: Number of districts engaging civil society in health system oversight | 0 | 4 | | | | | n/a | Achievements under this indicator relate to the outcome of active linkages between the government and non-government actors. These entities work within districts and provide oversight of the health system (see Indicator #11). When Kinerja achieves under Indicator #11, this indicator will reflect the districts in which the linkages are operating. |
| **Performance Indicators** | | | | | | | | | |
| 5 | Score of Organization Capacity Assessment (OCA) | n/a | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator does not have a target for FY 2013. The baseline score for this indicator will be reported in the PMEP v. 4, together with the performance target. The final score will be reported at the end of the project, after end-line Organizational Capacity Assessment. |
| 6 | Number of Kinerja supported improved service delivery models or approaches are adopted by local governments | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator does not have a target for FY 2013. Achievements for this indicator will be recorded and reported in FY 2014. |
| 7 | Average Score of training test | n/a | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator does not have a target for FY 2013 because the UGM training had not taken place when the PMEP v. 3 was finalized. During the previous quarter, the M&E team received information on the UGM training, including baseline information. The baseline score, target, and endline scores will be reported in FY 2014, after the approval of the PMEP v. 4 and when UGM data has been verified. |
| 8 | Number of Kinerja Papua-supported action plans produced | 0 | 16 | | | | | 93 (581%) | PKMK-UGM reported that partner health organizations (*puskesmas* and district health offices) that completed the Leadership and Management training in FY 2013 finalized short term action plans. Action plans include issues to be addressed, steps required to address the issues, and methods for monitoring implementation. There were 93 RTLs finalized in FY 2013, and PKMK-UGM will begin monitoring implementation in FY 2014.<br><br>There was significant over achievement for this indicator in FY 2013 because there was only one RTL targeted per unit (*puskesmas* and DHO) in the PMEP v. 3. The units, however, developed multiple short term RTLs. This has been considered in the PMEP v. 4 revisions. |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| 9 | Number of Kinerja Papua-supported action plans implemented by District Health Office | 0 | 2 | | | | | 0 (0%) | PKMK-UGM plans to conduct monitoring of all DHO action plans in November 2013. Achievements for this indicator will be reported in FY 2014. |
| 10 | Number of Kinerja Papua-supported action plans implemented by service delivery units | 0 | 6 | | | | | 0 (0%) | PKMK-UGM plans to conduct monitoring of all *puskesmas* action plans in November 2013.Achievements for this indicator will be reported in FY 2014. |
| 11 | Number of Kinerja Papua-supported linkages between CSOs, users, DPRD, Dinas, etc. at sub district and district levels which are active in oversight of service delivery | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. Achievements will be reported in FY 2014. |
| 12 | Number of Multi Stakeholder Forum (MSF) established or strengthened by Kinerja Papua | 0 | 12 | | | | | 0 (0%) | The Kinerja Papua implementing partners that support the MSF intervention have made progress in promoting the development of MSFs in all Kinerja Papua districts since the start of their grant in August 2013. Activities included hearings and socialization meetings. All partners plan to support the establishment of MSFs in the first quarter of FY 2014.<br><br>In FY 2013, for example, YHI held workshops and socialization activities in Kinerja districts to map the current condition of women and child health, to assess the current levels of participation by community members in service delivery oversight, and to determine potential members of an MSF. Formal workshops to structure MSFs were held by YHI in October, the outcomes of which will be reported in FY 2014. |
| 13 | Number of service charters agreed upon with Kinerja Papua support in service units | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. Achievements will be reported in FY 2014. |
| 14 | Number of complaints about services received through Kinerja Papua-supported complaint survey process, which are addressed by public service delivery units | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. Achievements will be reported in FY 2014. |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| 15 | Number of Kinerja Papua supported recommendation to SKPD/DPRD/Bupati that have involved or are formally endorsed by other non-government actors | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. Achievements will be reported in FY 2014. |
| 16 | Number of Kinerja Papua affiliated media-outlets that provide programing slots for promoting Kinerja Papua related issues | 0 | 10 | | | | | 1 (10%) | Radio Kenambai Umbai (Jayapura) has finalized the MOU with the Kinerja Papua implementing partner, PPMN, agreeing to produce and air a weekly hour-long talkshow and health-related radio ads for the duration of one year (from June 2013 until May 2014).<br><br>Six additional media outlets progressed in discussions about setting aside regular programming slots for Kinerja topics/issues including RRI Jayapura, RRI Wamena, LPP Mimika, TVRI, Radar Timika, and Koran Suluh Papua. For example, a MOU has been drafted with RRI Jayapura and will be formalized in FY 2014 as soon as discussions between RRI Jayapura and RRI Headquarters are concluded. The formalized agreements with these media outlets (typically supported by an MOU) will be counted as achievements in FY 2014. |
| 17 | Number of Kinerja Papua-supported citizen journalists actively reporting on local government performance | 0 | 10 | | | | | 8 (80%) | In FY 2013, there were 52 citizen journalists (26 female) trained by Kinerja's partner PPMN in July, August, and September. Out of the 52 people trained by Kinerja, 12 (5 female) have started creating media products. Among the 12 citizen journalists who have started publishing reports, a total of 8 (2 female) were identified as actively reporting on local government performance related to Kinerja Papua issues. The remaining 4 citizen journalists published materials but did not write about Kinerja Papua issues.<br><br>Kinerja Papua implementing partner, PPMN, noted that training for citizen journalists was completed in September 2013. PPMN plans to conduct monthly mentoring to improve the citizen journalists' skills and products.<br><br>Four of the 8 active journalists are located in Jayapura, 1 is located in Jayawijaya, 1 is located in Mimika, and 2 are located in Kota Jayapura. These citizen journalists wrote a total of 12 reports on local government performance related to Kinerja Papua on a public Facebook page. |

| NO. | INDICATOR NAME | BASE LINE | TARGET FY 2013 | FY 2013 ACHIEVEMENT | | | | TO DATE | REMARKS FOR FY2013 AND CURRENT REPORTING PERIOD |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Q09 | Q10 | Q11 | Q12 | | |
| 18 | Number of media products produced by Kinerja Papua affiliated media-related entities on Kinerja Papua related issues | 0 | 10 | | | | | 12<br><br>(120%) | A total of 12 articles were produced by citizen journalists in the four Kinerja Papua districts in FY 2013. Writers discussed local government performance and also raised awareness about Kinerja related issues in their local communities.<br><br>Additionally, Radio Kenambai Umbai (Jayapura) finalized a TOR for a radio show on September 27. The show will air on October 2nd and will be counted in FY 2014. Three radio PSAs (public service announcements) were drafted by RRI Jayapura and will be aired in FY 2014. |
| **Replication Indicators** | | | | | | | | | |
| 19 | Number of Kinerja Papua-supported improved practices for service delivery institutionalized by service delivery units not receiving direct implementation support. | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. Achievements will be reported in FY 2014. |
| 20 | Number of non Kinerja Papua-supported service units where institutionalization of Kinerja-supported good practices takes place | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. Achievements will be reported in FY 2014. |
| 21 | Number of Kinerja Papua-supported good practices which are contained in replication packages available for use by Indonesian civil society organizations | 0 | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. Achievements will be reported in FY 2014. |
| **Program Goal** | | | | | | | | | |
| 22 | Customer satisfaction index related to health service units delivery | n/a | n/a | | | | | n/a | On Kinerja Papua PMEP v.3, this indicator is not targeted for FY 2013. In FY 2013, the M&E team calculated baseline scores and also proposed targets for the end of the project. These numbers will be included in the FY 2014 table pending approval by USAID in the PMEP v.4. The endline data will be reported at the end of the project after the endline Customer Satisfaction survey is completed. |

## Annex B-2. Kinerja Papua Results Chain